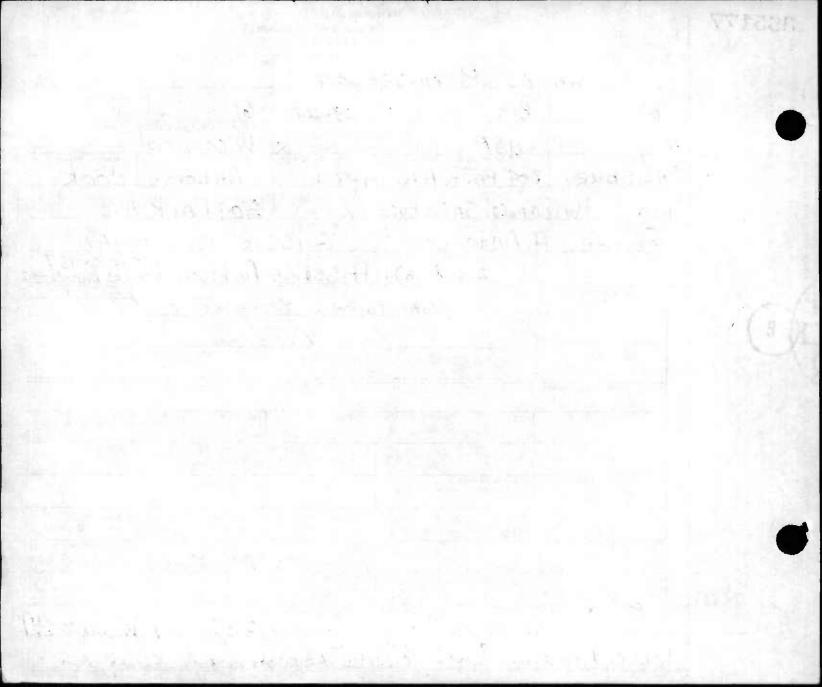
55177				STATE OF MARYLAND	13 - La	3 5	3 3 6
10774	1	FOR STATE	DEPARTM	ENT OF HEALTH AND MENTAL HYG	SIENE 💛 岁		0.000
	1.	REGISTRAR		CERTIFICATE OF DEATH	DEC NO		
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	MONTH DAY YEAR	R Zb HOUR
+ n4		OR PRINT)	. 0	1	24 DAIL OF BEATH		20 110011
0.00		NAM	IES K. HA	VUERSON		12 17 8	5 10:00 Am
000	3. SE	4	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 Y	EAR IF UNDER 24 HRS
* 55	13	A /	QIL	MONTH DAY YEAR	61		ATS HOURS MIN
11//	_		DIN	1 - 29 - 24	0/	YRS	
11/14		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF BEATE	1
1 1/9/	M		USH	WIDOWED DIVORCED	Wicom	100	MD.
1 11/2/	10 C	TY OR TOWN OF DEATH		HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION		ID OF BUŞINESS OR
4 4 /	5	pl' < h 110.1 1:	2 (IF NOT IN SUCH FACILITY, GIVE STREET AL	OPRESS)	(TYPE OF WORK FOR MOST OF		RY
5 6 6 6	(J	ULI DINARY I	DOG FACT A	IE APIII	WAbo	VER CO	JON
2 10/26		AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY			13e STREET ADDRESS /	ZIP CODE A . /	0181.
2 美 / 图/	1	ud IWir	C	DUTU YES X NO [1309 PF	FFK AVE	1000
1 33 1	14. FA	THER'S NAME	711001 (21)	15. MOTHER'S MAIDEN NA	ME		
1 37 10		FIRST MID	PILE ALL LAST) PARST, CC	C'O MIPOT	10.11	AST (
1 1 2 1		GEORGE F	. LINDEL OOV	V (7(15)	516 101	1/1/	710
1 11 1		VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECUR	ITY NO. 17 INFORMANT	ADDRE	" POB	0x 137
9 00 0			214-18-4	6041 HISCELLE	+ HAMPISO	V SALLS	bur J. Me
4 85 4		La CALICE OF DEATH 5			2 /	APP	ROXIMATE INTERVAL
1 50 5 1		18 CAUSE OF DEATH (Enter only PART I. DE ATH WAS CAUSED E	ane cause per line for (a), (b), and BY:	10. W// . J	11 7	SETWE	EN ONSET AND DEATH
1 251 1		IMMEDIATE (CAUSE (0) 74	Der Caremie	(aug es line)	11201	
Q 165 X			DUE TO, OR AS A CONSEQUEN	NCE OF /	0/ 1	1-01	
Y Aiss		Canditions, if any, which	()	Chari Park	Feeler		
0 0 0 0 5 5		gave rise to immediate) (6)				
5 5 5 6	- 4	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN	NCE OF			
of the second			(c)				
5000	7	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON)ITION GIVEN IN PART	[] to
# EFFT	IFICATION					10.0	
1 1118 1	N N	190. DATE OF OPERATION	196 CONDITION FOR WHICH C	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	
4 4 10 4 4 1	E				YES TO NOT	YES	NO
vysicii cote ronsii Hygi	CERTI	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR			
phys phys fifico liftror ol Hy		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	Y YEAR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
HYSICI ding I s cert burial Mento	5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA	21f LOCATION STREET	CITY OF TO	wn COUNTY	STATE
After the os the lith and locked a	Σ	WHILE NOT WHILE AT WORK	TAT HOME, STREET, PACTORY OFFICE, PA	RM, ETC.)			
Afte os of the north			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10 H E	7 . 12	20.11	4
He Se		22a L certify that (I) (this hospital	offended the deceased from		, 10	. 19	, that (I) (we) lost
Spit for of 121		saw the deceased alive on abave, (1) (we) (did) (did not) v	view the body after death.	ond that in (my) (our) opinian	death accurred on the ac	re ond nour and fram	the causes stated
OR A boshed boshed Dept.		27b. SIGNATURE	1 .1 /1/	DEGREE		22c. D/	ATE SIGNED
0 e 0 0 0 ±		(7)	D W. 160.	MO ATTENDING PHYSICIAN [MEDICAL STAF		12/19/02
- 0 111 0 10 -		22d. PHYSICIAN'S NAME (TYPE OR PI	OINT)	22e ADDRESS	DIRECTOR PHISIC	IAIN L.	11/15
FUNER AND THE STORY OF TANK		X=1 =	(1) - 1	100 2017	1 12.	/ >	10/
0 0 0 = 0		, KEWIT	0 01. 6/7	10 57/-	1) Never	seele &	v. Val.
5 g 5 € 3 ₹	23a E	BURIAL ICREMATION REMOVAL	236 DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION		
BP	1	SECIETY ANTI-	10-19-85 51	LISBURY Cremator	1 6010140	CHAY William	ONICA MA
Dr	74 E	JNERAL DIRECTOR	12 1 00 01	AL 42 250 DAI	E REC'D. BY REGISTRAR	75h REGISTRAD'S SICH	NATURE
DHMH - 16 60M 7/84	1	AM 2 141 1-12	1 1 Managers	THE DICH	L ILLO D. DI NEGISIKAK	LA CONTRACTOR	A. A. a.a.
(VRA 15, 4)	1	olley riema	TAL CHAPEL	iersey ky Jaunen	MIT WARE !	1. Roudenay	pandelle "



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2040	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
52018		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
poge 3	HYPI	Car	H.	BAKER	DECEMBER	10,1985 11 45
d d d	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
of of of	1	Male	White	Sept. 23 1897	88 yrs	MONTHS DAYS HOURS MIN
die die	Is. 8	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTI	272 8	A BALTIMORE CITY OF COUR	
erol 200	Me	ryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		
ş		TY OR TOWN OF DEATH	0.000	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS C
	1.		(IF NOT IN SUCH FACILITY, GIVE ST		(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
6 4		Lisbury, MD	POTHER INSTITUTION GIVE RESIDENCE BE	eneral Hospital	Station Age	nt Railroad
Id by	13a	STATE _ 13b COU	NT/ 136 CITY OR TO	OWN 13d. INSIDE CITY LIMITS?		DDE
	_		ester Bishor	OVILLE YES NO X	Box 123A, 2	21813
de de lete	19. 17	ATHER'S NAME	MIDDLE	FIRST	MIDDLE	LAST
1 E 1	1_	Sewell	Bal			Hudson
9 6		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SI	CURITY NO. 17 INFORMANT	ADDRESS	
/	1	YES. NO OR UNKNOWN) (IF YES. G	717-0	07-977B Herman J	. Baker. Bish	opville. MD
1 -1		18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b).	and (ct.)	0 /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
1441		PART I. DEATH WAS CAUS	ED BY: ITE CAUSE (a) MY()	caudial in	reaction	
233		INVIVE DIA	TE CAUSE 10)			
D. Com	1		DUE TO, OR AS A CONSE	DUENCE OF		
office of the of		Canditians, if any, which	(b)			
e e e e		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	DUENCE OF		
orth of		underlying cause last.	(6)	3027402 07		
ple ple urio		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION O	GIVEN IN PART Ito
Then to b	Z	State of the state				
Z v rior	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
ws perm	띮				YES ON NOT	TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
sho sho	E E	210. ACCIDENT WAS UNDERLYING F	216. TIME OF INJURY	71r HOW IN ILIRY OCCI	JRRED (ENTER NATURE OF INJURY IN ITEM	
ng physic certificat urial-tran tental Hys		OR CONTRIBUTING CAUSE OF DE			TENTER NATURE OF INJURY IN TEM	S PART I OR PART 2)
certification of the second of	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
A I IENDING PHYSICIAN : the Septral or ottending physician ECIOS. After this certificate he d'for use as the buriol-tronsit pot. of Health and Mental Hygien m. 21 is marked or Item 18 shown 21 is marked or Item 18 shown	AE	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	CE, FARM ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
office of the post	-	AT WORK AT WORK			Property of the second	
S mo		220.1 certify that (1) Whis hasp	ital) attended the deceased fra	m	, ta	, 19, that (I) (we) la
haspital RECTOR: hed for us ept. of He tem 21 is		saw the deceased alive a	~ (2/6)	and that in (my) (aur) apinio	on death accurred an the date and h	au and fram the couses stated
REC ed pt.		22h SIGNATURE	of view the body after death.	DEGREE		22c. DATE SIGNED
0 0 0 0 0		He t	1 - L - 1 - 1	M S ATTENDING		1,7/0/0
By the By	-	201 0111/00/07/2014/15	- Congress	PHYSICIAN	DIRECTOR PHYSICIAN	1101016
HOSPITAL FUNERAL FUNERAL Wild be det h the State		22d. PHYSICIAN'S NAME LITYPE	OR PRINT)	22e ADDRESS	sewton J.	, ,
0000===		1 4. C	octor, m	S Per	Dispuny.	ng 5140
D = 5 + 3 ₹	23o	BURIAL CREMATION REMOVA	23h DAIF 2 0 - 2	30 NAME OF CEMETERY OR CREMATOR BISHOPVILLE	y 23d. LOCATION	
BP		SMECHA) DUT. 18T	12-13-85	Bishopville	Bishopvill	e Worcester
	24. F	INFO DIRECTOR.	1	[25a. D	ATE REC'D. BY REGISTRAR 256 REG	
HMH - 16 60M 7/84 (VRA 15, 4)	1	1. h. h. h.	L Silsope		C 1 6 1985	Mary Company - 1 has been been
[F CI MAY]	1 1	FIREFER IV / WILL	Win / I / Jell Wh.	DELT I DEL	· · · · · · · · · · · · · · · · · ·	

6	1-	FOR STATE REGISTRAR			DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA	ITAL HYG		3	5 3	3
/		EASED NAME	FIRST	MIDD	DIE	LA:	51		REG. 2a DATE OF DEATH		DAY YEAR	26 HOUR
2	(TYPE (PRINT)	nue	- 0	1		Bak	ier	Decem	ber 3	3, 1985	3003
'	3. SEX		4. RA			5. DATE OF	DAY	YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	MOURS P
21		Male THPLACE (STATE OR FOR		nite	IAT COUNTRY?	May	22 19	945	9 BALTIMORE CITY	YRS	YOFDEATH	
5	C	rvland	7,5 C	USA		MARRIED	NEVER MAR	RIED -	Wicomico	OK COOM	TOT BEATT	
	Sa]	Y OR TOWN OF DEATH isbury	P	eninsul	SPITAL, NURSING	Pless Hos		TION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Teller		HEE) INDUSTRY	of Busines
35	130. S1	yland	HOME OR OTHER	1130	e residence before A L. CITY OR TOWN BISHOPY	ille			Dixie I		7767 7 6	day
30		HER'S NAME Samuel		aker	LAST			iola	MIDDLE			pson
2		AS DECEASED EVER IN S, NO OR UNKNOW,N) (U.S. ARMED IF YES GIVE WAR	OR DATES!	SOCIAL SECUR 219–42–		Bever	ly B	aker, Bi	shopt	ville.	MD
		Conditions, if ony, we gove rise to immedicate to stating underlying couse PART 2 OTHER SIGNIF 90 DATE OF OPERATIO	liote the tast	(c) DITIONS <u>CON</u> I	SACONSEQUEN Mul	A PLE	Veclo	THE TERM	INAL DISEASE OR CO		IVEN IN PART I	
9	CERTIFICATION	YO DATE OF OPERATIO				PERATION	WAS PERFORMI	ED.	20a AUTOPSY?	IN CERT	IFYING CAUSE	S OF DEATH
1 //		(IF EITHER NOTIFY MEDICAL	SE OF DEATH	P.M.	MONTH DAY	YEAR		Y OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	WHILE NOT WHILE AT WORK		PLACE OF	INJURY FACTORY OFFICE FAI	RM, ETC)	211 LOCATION STREET		CITY OR	TOWN	COUNTY	514
		22a I certify that (1) (the saw the deceased abave, (1) (we) (did	olive on/	43	19 8	S, ond		r) opinion o	death occurred on the	date and ho		, that (I) (we e causes stat
7		22b. SIGNATURE	RA	lem	-	Di	PHY	NDING SICIAN (2	MEDICAL ST DIRECTOR PHY	AFF SICIAN [12/5	SIGNED
4		1 Aul	Ros	Hein	5				SIDE Due	este	alist	ung N
	,,	PECIFY) BEMATON TE	MOVAL JA	124661	3 23RC	weeks	METERY OR CREA		Roxana		,	DĒ
/B4	P	1 1 1/2 1/2 1/2	111	1	AEGRESS /	1	10 10	250 DATE	C 9 1085		Javidson	TURE

within 24 hours ofter death. Page 4 may be

percent

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

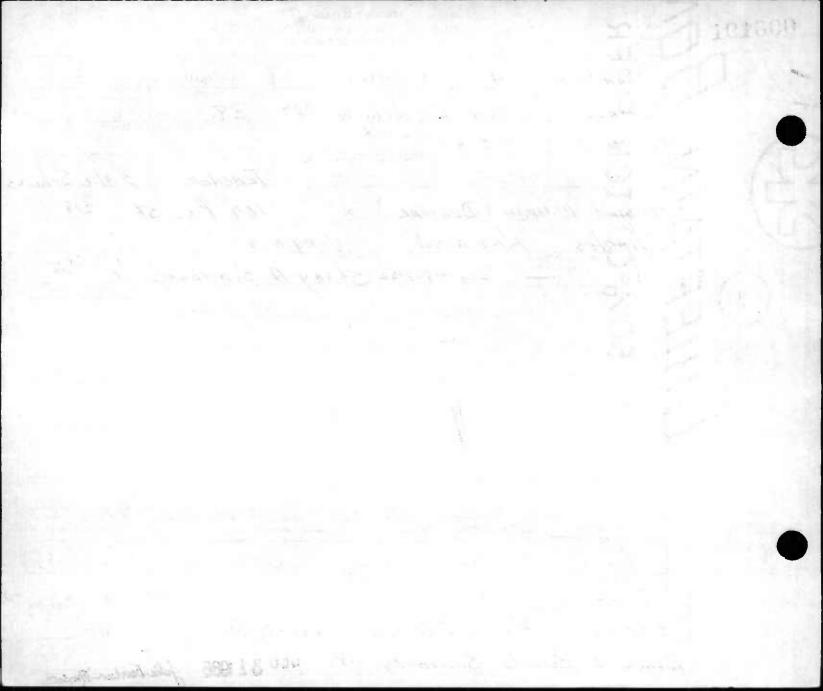
	3	5	0
G NO			

3 S	BIRTHPLACE (STATE OR FORESON CITY OR TOWN OF DEATH SALISBURY UAL RESIDENCE (IF NURSING HOME OR a STATE 13b. COUN	1. RACE WHITE TO CITIZEN OF WHAT COUNTRY? AMARRI WIDOW 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General H	16, 1947 16 NEVER MARRIED 10 NORCED 10 10 10 10 10 10 10 1	6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY WICOMICO		26 HOUR 7.436 IF UNDER 24 HOURS M
Ia. S USI 13a	BIRTHPLACE (STATE OR FORESON CITY OR TOWN OF DEATH SALISBURY UAL RESIDENCE (IF NURSING HOME OR a STATE 13b. COUN	Th CITIZEN OF WHAT COUNTRY? TO CITIZEN OF WHAT COUNTRY? TO CITIZEN OF WHAT COUNTRY? WARRI WIDOW THE WARRI WISHOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General H	DAY 16, 1947 NEVER MARRIED DIVORCED D	9. BALTIMORE CITY OR COUNTY WICOMICO	MONTHS DAYS	IF UNDER 24 H
S Usi 13a	CITY OR TOWN OF DEATH Salisbury UAL RESIDENCE (IF NURSING HOME OR a STATE 13b COUN	MARRI WIDOW 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General H	VED DIVORCED	Wicomico	NTY OF DEATH	
S Usi 13a	Salisbury SUAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General H	OR OTHER INSTITUTION			
US 13a	STATE 136 COUN		Ospital	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN		F BUSINESS
20	MRY ANG WI			13e STREET ADDRESS / ZIP CO	DDE ST.	2/87
0	Charles Charles	MIDDLE HAMMOND	15. MOTHER'S MAIDEN NA	MIDDLE	IAS	л
160	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES GIV	MED FORCES? (E WAR OR DATES) 216-48-215.	2 STACY !	2- Benucham	6. Jr.	Simo
her traumanc eremin	PART I. DEATH WAS CAUSE	Uly ane cause per line for (a), (b), and (c) D BY, FE CAUSE (a) Me for start is DUE TO, OR AS A CONSEQUENCE OF 1b) DUE TO, OR AS A CONSEQUENCE OF	Greinona	of Breast	SE WENT	umate interval onset and deat
8 shows ony injury, or CERTIFICATION		CONDITIONS CONTRIBUTING TO DEATH BU Throw So h le bi h's 196 CONDIMON FOR WHICH OPERATION	IT NOT RELATED TO THE TERM Malignant ON WAS PERFORMED	pericandition 200 AUTOPSY? 200 IF		NGS USED
ICAL CAL	20.20.120.01.120.00.00.00.00.00.00.00.00.00.00.00.00.0	HOUR A.M. MONTH DAY YEAR P.M. 19	R	RED (ENTER NATURE OF INJURY IN ITEM		
MED MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
AT; If Hem 21 is me	saw the deceased alive an above, (1) (and (did)) (did)	What is	DEGREE ATTENDING PHYSICIAN	death occurred on the date and	hour and from the	couses stated
MPORTANT	22d PHYSCIAN'S NAME (TYPE O	. Mantin M.O.	220 ADDRESS	Division 3	+ . Sa	1.5600.
230	BURIAL, CREMATION, REMOVAL	12/27/1985 William OF	MILO MEM !	23d. LOCATION SA-ISBUYY TE REC'D. BY REGISTRAR 256. REC	COUNTY ME	STATE

BP. DHMH - 16 60M 7/84

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

(VRA 15, 4)



353183

STATE OF MARYLAND

1 -	STATE REGISTRAR			UEPAKIA		ICATE OF DEATH	TGIENE O	REG. NO.		
	CEASED NAME	Stephen		omas	BESI	BESKID	20 DATE OF	EATH MONTH	DAY YEAR 2 10, 1985	26 HOUR 1145 AM
3. SEX	Male	4. F	RACE Whi	te	5 DATE C	DAY YEAR	3	RS LAST BIRTHDAY)		IF UNDER 24 HRS HOURS MIN.
C	Marylan TY OR TOWN OF	ıd	U	SA	WIDOWE	D NEVER MARRIED DIVORCED DIVORCED	9 BALTIMOR			MC
Sa	lisbury	/	enins	FACILITY, GIVE STREET	address)	Hospital			G LIFE) INDUSTRY	OF BUSINESS OR
13a. S Ma		Queen A		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES X NO	R.D.	DDRESS / ZIP CO		ut Stree
_	Thomas			Beski		Mary	Rı	widdle ath		cus
	VAS DECEASED EN ES, NO OR UNKNOWN	/ER IN U.S. ARME		217-76-		Mrs. Mary R	ther . Beskid	ADDRESR.D. Centre	ville, M	
		immediate ating the	Y: (AUSE (a) DUE TO, OR	AS A CONSEQUE	ENCE OF	iai jegns	drone		BETWEEN	XIMATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2. OTHER S	aspiro	thon	aneur	mon	NOT RELATED TO THE TE	Service 200 ACTOR	12 de SY? 206. IF	YES, WERE FINDER TIFYING CAUSES	INGS USED
_	210. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH DA	AY YEAR	21¢ HOW INJURY OCC	URRED (ENTERNATU	RE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
MEDICAL		T WHILE WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220 L cortifu that	(1) (this becouted)	attended the	deceased from		10	to		10	that (It (we) last

saw the deceased alive an abave, (1) (we) (did) (did not) view the body after death.

226. SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) opinion death occurred an the date and have and from the causes stated

226 DATE SIGNED

CHARLES STEGMANV MT. VERNON RD

22e ADDRESS

PRINCESS ANNE MD

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY . Peter's Cemetery 23d LOCATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached far us with the State Dept. of He

IMPORTANT: If Hem

Barton Funeral Home James H. Barton, Jr., Centreville, Md. 21617

MERCHANIST THE PARTY

A strong of the strong of the

All-,-15 alt. Mary . semid. Je usville, Mr. 21 i

THE RESERVENCE OF THE PROPERTY AND STORY OF THE PROPERTY OF TH

352106

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY THE LOSS RECESARY PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES IN AND 310 THE FUNESAL DIRECTOR. PAGE STOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORW WITH STAGES OF YOUR FIRED TO THE CHIEF MEDICAL EXAMINER RIGHT PREMIT PAGES IN 12 SHOULD BE DEED AS A BURIAL. TRANSIF PERMIT, PAGES IN 12 SHOULD BE THED WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIALIBECORLES OF WITHIN 72 SHOULD BE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIALIBECORLES OF WITHIN 72 HOURS ATTRIVED. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.

07/84

25M

BP.

DHMH - 17 (VR A15 ME (5)) STATE OF MARYLAND

	1-	STATE REGISTRAR		MED	ICAL EXAM	INER'S	ERTIFICATI	E OF DEA		3		
-		CEASED NAM	E FIRST		MIDDLE		LAST		20 DATE KNOWN	MONTH	DAY YEAR	26 HOUR
		- DATABLE	Conni	Le	L.	Е	Bess		OF ESTI-	12/	10/9 85	
	3. SEX	(4. RACE	5. DATE OF BIRTH	6 AGE	NYEARS IF UN	IDER 1 YR. IF UN		2c DATE	MONTH	DAY YEAR	2d HOUR 4:24
	m	nale	black		1932 53	YRS. MONT	HS DAYS HOUR	S MIN	PRONOUNCED DEAD	12/1	0/ 1985	4:24 P M
А	7a. BII	RTHPLACE (S	TATEOR	7b. CITIZEN OF WH.		I.			9 BALTIMORE CITY OF			1 1 M
7	FOI	REIGN COUNTRY)	rgia	11 5 1		WIDOW	IED NEVERM	ORCED X	Wicomico (Count	7.7	
Ż	ID. CI	TY OR TOWN		11. NAME OF HOSP	ITAL NURSING HO				AL OCCUPATION (TYPE		Y KIND OF BU	SINESS
	1000	Salisb		(IF NOT IN SUCH FAC	a General	SS)		FOR A	OST OF WORKING LIFE)		OR INDUSTR	RY Wm
	-			R OTHER INSTITUTION, GIVE			.tai	La	borer		. Fehse	enfeld
4	13a. S1	TATE Md	136 COUNT		13c CITY OR TOW		13d. INSIDE CITY LIMIT		ET ADDRESS	2.1	856	
			10	10	Duantico		YES NO		al Oak Road	Quan	tico Md	
7/		THER'S NAME		MIDDLE	LASI		15 MOTHER'S M.	AIDEN NAME	MIDDLE		LAST	7
	-	unniou			Bess		Amie			F	aison	/
	160. W	ES, NO. OR UNKNO	DEVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS		Laurel	Md
		Yes			256-40-	9258	David Be	ess 10	Sharon Cour	+ #1		110
		18 CAUSE C	F DEATH (Enter anl	y ane cause per line f	ar (a), (b), and (c),				Direct Dir. OUIV		APPROXIMATE	INTERVAL
		PARTIDE	ATH WAS CAUSED	BY:			c Cardio	vascula	ar Disease		BETWEEN ONSET	AND DEATH
		100	IMMEDIAI		AS A CONSEQUEN		041410	· about	AL DIBCOBC			
			ns, if any, which									
			se to immediate) stating the under-	(b)	S A CONSEQUEN	CEOE						
		lying cau		DOL TO, OR A	13 A CONSEQUEN	CEOF						
1		BAST 2 OTHER C	CHIELCANT CRARITIRALS	(c)	IV UD V DEL LYED VO VOIC							
	N	PART Z GINER SI	IGNIFICANT CONDITIONS	DATRIBUTING TO DEATH BU	IT NOT RELATED TO THE	IEKMINAL DISEAS	OR CONDITION GIVEN	IN PART 1 to L				
	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	196. CONDITI	ON FOR WHICH O	PERATION W	AS PERFORMED?				20 AUTOPSY?	
	IFIC										YES 📝	NO
7	ER	210. EXTERNA	AL CAUSE WAS	216 TIME OF		21c. HC	OW INJURY OCCU	JRRED (ENTERN	ATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART	4.5	
	ALC	UNDERLYING	G OR NG CAUSE OF D		MONTH DAY Y	EAR						
	DIC	21d INJURY			FINJURY (ATHOM	71f LO	CATION					
Н	ME	WHILE _	NOT WHILE	STREET, FACTO	PRY, FARM, ETC.)		TREE1		CITY OR TOWN	COUN	iTY	STATE
-		AT WORK	AT WORK	<u></u>								
		22a l certi	fy that I taak charg	e of the remains dest	ribed abave, held o	n Autap	sy X, Inspe	ection .	Inquiry . and	in my opin	nion	
		death result	ed fram: Natur	al causes X,	Accident .	Suicide	, Hamicide	, Undete	rmined manner ,			
		ocasilles.		1	201		TITLE (SPECIFY	()				
		ACTUAL SIGNATURE		1	BV	м			CALEXAMINER	DATE	12/1	1/85
7	,			1				MEDI	CALEAAMINER	SIGIALD		
6	4	EXAMINER'S (TYPE OR PRI	NAME NT) Gr	egory R.	Kauffman,	M.D.	ADDRESS	111 E	Penn St.			
	23a.Bl	JRIAL, CREMA	TION, REMOVAL 2				R CREMATORY	23d. LO	CATION			
	(5)	Buria		12/18/85				City o	i tman	COUNTY		rqia
	24 FU	JNERAL DIREC		/10/03	Northen	d Cellie	1ery 250. DA		REGISTRAR 256. REGIST	TRAR'S SIG		gra
	Wi	lliam (March	F/H West 4	1300 Waha	sh Ave	nue I	DEC 1	C TOPE	Navide	- A	Ora :
	AA I	T T CITT	J. March	/II WEST "	roov maba	SIL VAC	iuc	000 1	6 1985	- reary all	DI - Nation	TOC.

201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, TO FUNERAL DIRECTOR:

	STATE OF MAKE
FOR	DEPARTMENT OF HEALTH AN
STATE REGISTRAR	CERTIFICATE OF

		SIAIF	OF M	AKTL	AND	
DEP	ARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
	CE	RTIFI	CATE	OF	DEATH	

1	FOR - STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	3 5 d	3 8
	CEASED NAME FIRST HENRY	MILTON BE	st Jr.	DECEMB	MONTH DAY YEAR	26 HOUR
3. SE		white sport		6 AGE (IN YEARS LAST BIR		R IF UNDER 24 HRS
1	VICI	CITIZEN OF WHAT COUNTRY? 8 MARRIEI WIDOWE		9. BALTIMORE CITY C Wicomico	OR COUNTY OF DEATH	MD.
Sa	lisbury	I. NAME OF HOSPITAL, NURSING HOME OF THE PROPERTY OF THE TRUE THOU THE THOU		12a USUAL OCCUPAT (TYPIO WOLK FOR MOST C		AL ENG
13a.	Aryland Worce	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES MO 🗌	13e STREET ADDRESS	OF COASTAL	Highwa
7	HENNY M	P. Best sn	JANE	MIDDLE	10	AST
	WAS DECEASED EVER IN U.S. ARME		KATHERYN	M. Best	OCEAN C!	Y, Md'
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED) IMMEDIATE	(18/10/12/14/14/14/1	may aul	4	APPRO BETWEEN	IXIMATE INTERVAL NONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	uncil sep	ej .		
NO	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART 1	Ia
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
4	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART OR PART 2)	
WEDIC,	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE

__, that (I) (we) last

saw the deceased alive an above, (1) (we) (did) (did not) view The body after death.

220.1 certify that (1) (this haspital) attended the deceased fram,

DEGREE ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN

, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

IAN'S NAME (TYPE OR PRINT)

22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

as the burial-transit permits and Mental Hygiene pr

should be detached for with the State Dept. of H

morked or Ite

MPORTANT: If Hem 21

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

Ö

					FICATE OF D		REG	5. NO.		
DECEASED NAME TYPE OR PRINT) Je	eirst ohn		lbert	Blo	odswort	h TH	20. DATE OF DEA	H MONTH	30,198.	26 HOUR 5 1020
SEX		RACE			OF BIRTH	- ## -	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAY	IF UNDER 24 HR
Male	1	White		MONT	לץ ל	1920	65	YR:		
BIRTHPLACE (STATE O		U.S.	WHAT COUNTRY?	MARRIE WIDOWI	D X NEVER M	ORCED	* Wicomi	FABE CON	NTY OF DEATH	,
áTisbury,			SOLITAL, IGREIN	ADDILLOG	or Ausipi	TEST	126 USUAL OCCU (TYPE OF WORK FOR M Salesm		G LIFE) INDUSTR	OF BUSINESS (
Maryland	13b Wic		Salisbury			NO 🗌	13 STREET ADDR	ss / ZIP CC	Road	21801
FATHER'S NAME	. ~	IDDLE	LAST		15 MOTHER'S	MAIDEN NA/	Olivo	LE P		AST
Charles			on Bloods						Briddell	
WAS DECEASED EVE		WAR OR DATES)	219-07-1		17 INFORMAN 1518	Woodla	garet J. B nd Road,	lőődsw Salisbu	orth (Wi ry, Mar)	fe) land 218
18 CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b), and	dic.	1	- del			APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEAT
PARTI. DEATH	IMMEDIATE			(a	dene	Chres	et			
tube (CC)		DUE TO, O	R AS A CONSEQUE	NCE OF	7	11			S 1.2	
Conditions, if on	y, which	DUE TO, O	R AS A CONSEQUE	ENCE OF	Pette,	Pulm	may EDE	ms		
gove rise to in cause (a), stat	nmediate ing the	(b)_	R AS A CONSEQUE	a	exte,	Pulm	may EDE	ms	1	
gove rise to in	nmediate ing the	(b)_		a	Peute , le fenose	Pulmi	noj EDE	ms mbe 1	Diarel	
gove rise to in couse (a), statunderlying cour	nmediate ring the se last	(c)		ENCE OF	lette , le fego sa not related t	Pulmi leso fre	MOY EDE Cardina INAL DISEASE OR O	ms ondition	LIANT OF PART	λιο
gove rise to in couse (a), statunderlying cour	nmediate ing the se last	DUE TO, O	r as a conseque	ENCE OF DEATH BUT			INAL DISEASE OR CONTROL OF THE PROPERTY OF THE	20b. IF	GIVEN IN PART YES, WERE FIND RTIFYING CAUSI YES	INGS USED
gove rise to in couse (a), statunderlying cour PART 2 OTHER SIG	nmediate ing the se lost SNIFICANT CO ATION NDERLYING CAUSE OF DEAT	DUE TO, O (c) DNDITIONS CC 196. COND 216. TIME O	R AS A CONSEQUE DINTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA	DEATH BUT	ON WAS PERFOR	RMED	20a AUTOPSY?	20b. IF	YES, WERE FIND RTIFYING CAUSI YES []	DINGS USED ES OF DEATH?
gove rise to incouse (a), statunderlying cour PART 2 OTHER SIG 19a. DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME) 21d. IN JURY OCCU	mmediate in the ise lost at ION ATION DERLYING CAUSE OF DEAT DICALEXAMINER)	DUE TO, O (c) DIDITIONS CO 196. COND 216. TIME O HOUR A. P. 216 PLACE	R AS A CONSEQUE DITTRIBUTING TO D ITION FOR WHICH OF INJÜRY M. MONTH DA M.	DEATH BUT OPERATIO	ON WAS PERFOR	RMED URY OCCURR	200 AUTOPSY? YES NO	20b. IF	YES, WERE FIND RTIFYING CAUSI YES []	DINGS USED ES OF DEATH?
gove rise to incouse (a), statunderlying cour PART 2 OTHER SIG 19a. DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME) 21d. IN JURY OCCU WHILE NOT VALUE 22a.I certify that (saw the deced	ATION ATION DERLYING CAUSE OF DEAT DICAL EXAMINER) RRED WHILE ORA ORA D) (Mass hospite	DUE TO, O (c) DIDITIONS CO 196. COND 196. COND 216. TIME O HOUR A. P. 21e. PLACE: (AT HOME STR	ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET FACTORY OFFICE, FACTORY deceased from 19	DEATH BUT OPERATIO AY YEAR 19 ARM.ETC)	211. LOCATION STREET	WED URY OCCURR	200 AUTOPSY? YES NO (ENTER NATURE OF	206. IF IN CER	YES, WERE FINE RTIFYING CAUSI YES 18 PART I OR PART 2: COUNTY	DINGS USED ES OF DEATH? NO STATE
gove rise to in couse (a), statunderlying cour part 2 OTHER SIGNATE OF OPER 21a. ACCIDENT WAS USED OF CONTRIBUTING THE FITHER NOTIFY MED 12d. INJURY OCCU WHILE AUTOMATIVE SOW the december of the country of the count	ATION ATION DERLYING CAUSE OF DEAT DICAL EXAMINER) RRED WHILE ORR	DUE TO, O (c) DNDITIONS CO 196. COND 196. COND 216. TIME O HOUR A. P. 216. PLACE: (AT HOME, STE	ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET FACTORY OFFICE, FACTORY deceased from 19	OPERATION OPERATION OPERATION AY YEAR 19 ARM.ETC)	211. LOCATION STREET 213 - 30 nd that in (my) (continue)	URY OCCURR N 19	200 AUTOPSY? YES NO (ENTER NATURE OF	20b. IF IN CER	YES, WERE FIND RTIFYING CAUSI YES 18 PART I OR PART 2 COUNTY COUNTY About and from the	DINGS USED ES OF DEATH? NO STATE
gove rise to incourse (a), state underlying courselving courselving (a). ACCIDENT WAS U OR CONTRIBUTING (IFETIMER NOTIFY ME 21d. INJURY OCCU WHILE NOTIFY AT WORK AT W 220. I certify that (a) sow the deceadobye, (i) (wee).	ATION DERLYING CAUSE OF DEAT DICAL EXAMINER) ORR Children Control Control	DUE TO, O (c) DNDITIONS CO 196. COND 196. COND 216. TIME O HOUR A. P. 216. PLACE: (AT HOME, STE	ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET FACTORY OFFICE, FACTORY deceased from 19	DEATH BUT OPERATIO AY YEAR 19 ARM.ETC.)	211. LOCATION STREET	URY OCCURR N 19 19 17 17 17 18 18 18 18 18 18 18	200 AUTOPSY? YES NO EED (ENTER NATURE OF	20b. IF IN CER	YES, WERE FIND RTIFYING CAUSI YES 18 PART I OR PART 2 COUNTY COUNTY About and from the	STATE ., that (I) (we) It is couses stated (E SIGNED

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OR ATTENDING PHYSICIAN: The law requires that the TO HOSPITAL

> DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene pria

TO FUNERAL DIRECTOR

ar Item 18 shaws any

IMPORTANT: If Item 21 is

AND 21201	n 24 hours offer death. Fage 4 may be	filled in by the funeral director, page 3 hould be filled within 72 hours after death regulation modified of the	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PRYSICIAN. The low requires that the death certificals by the houping offer death, Page 4 may be estured by the hospital ac attending physician.	TO FUNERAL DIRECTOR: Alter this certificate has been signed by the attending bey later and completely filled in by the funeral director; page 3 should be detached for use as the bursol-transit permit. Then please remove containing profit of Health and Mental Hygiene prior to bursol, cremation, by remained. WAPORTANT, If them 21 is marked as free, 18 stores only injury, or other traumatic event, the mind on brain and all databases.	1
	O HOSPITAL OF ATT	TO FUNERAL DIRECTO should be detoched to with the State Dept. of MADRIANT. If Herr 21	

DHMH - 16 60M 7/84 (VRA 15, 4)

DEPAR

STATE OF MARYLAND	-		279	- 10	- (2)	- 17
RTMENT OF HEALTH AND MENTAL HYGIENE	U	13	V	5	100	100
CERTIFICATE OF DEATH		REG NO				

REGISTRAR		CONTINUENTE OF DEATH	REG. NO.		
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	NIE KATTIE	BRASURE	12-	-18-85	12:05
SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
female	white	June 22, 1902	83 YRS	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	11100
Delaware	USA	WIDOWE DIVORCED	WICOMICO COUNT	ſΥ	
SALISBURY	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SALISBURY NURSI	NG HOME OR OTHER INSTITUTION TADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIF CAICLETIA WO	126 KIND O INDUSTRY	f BUSINESS OF
SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)			
7 1		VN 13d INSIDE CITY LIMITS? YES TO 10	13 STREET ADDRESS / ZIP CODE	21801	
FATHER'S NAME		15. MOTHER'S MAIDEN NA			
Lev ė n	Wilkerson	Cartha Vie	ckers	LAST	
WAS DECEASED EVER IN U.S.				derney	Maye
	GIVE WAR OR DATES) 218-20	-2507 Charlotta	from all de mine t	lisbur	
no	12.13		B. Carey - Sa.	APPEAR	MATERITERYAL
PART I. DEATH WAS CAU	anly ane couse per line far (a), (b) a SED BY:	10 Ulasmbar	- 3 .	N. M.	AND AND DEAD
PART 2 OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TER			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198 CONDITION FOR WHICH	h operation was performed	IN CERTIF	S, WERE FINDIN YING CAUSES S	
		DAY YEAR 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)	1-2
(IF EITHER NOTIFY MEDICAL EXAMIN	ZEATH	19			
OR CONTRIBUTING CAUSE OF E	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY	STATE
WHILE NOT WHILE		110 0	7 11/10	-	
	spital) attended he deceased from	6/ 192), to ///	1904	that (I) (we) la
about the technical olive	an	and that in (my) toor) apinian	death occurred on the date and hou	r and fram the	causes stated
The your young	7 11	DEGREE		22c. DATE	SIGNED
14111111	JUB.	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	11/1	17/8/
THE PHYSICIAN'S DAME THE	COLEMNT)	22e ADDRESS	Domecton B 1110 Jennin B	1//	1/04
DR. EARL M.	BEARDSLEY	CIVIC AVE. 8	RT. 50, SALISBU	RY, MD.	21801
BURIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION		
Burial	to lead to		Whitesville	COUNTY	STATE
FUNERAL DIRECTOR	л-112 П.		Whitesville JE REC D. BY REGISTRAR 25b. REGIST	PAR'S SIGNATI	
1 my - 1 -	ADDRESS THE	illsboro, Delfr	and the second s		
All the first of t	1171001	LISDOFO, DEM	7.2 T.O. M. B. Barrier 10. 31 - 37		A

at filled in by the funeral director, page 3. I have be filed within 72 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please remay with the State Dept. of Health and Mental Hygiene prior to burial, cremat TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

BP.

DHMH - 16 60M 7/B4

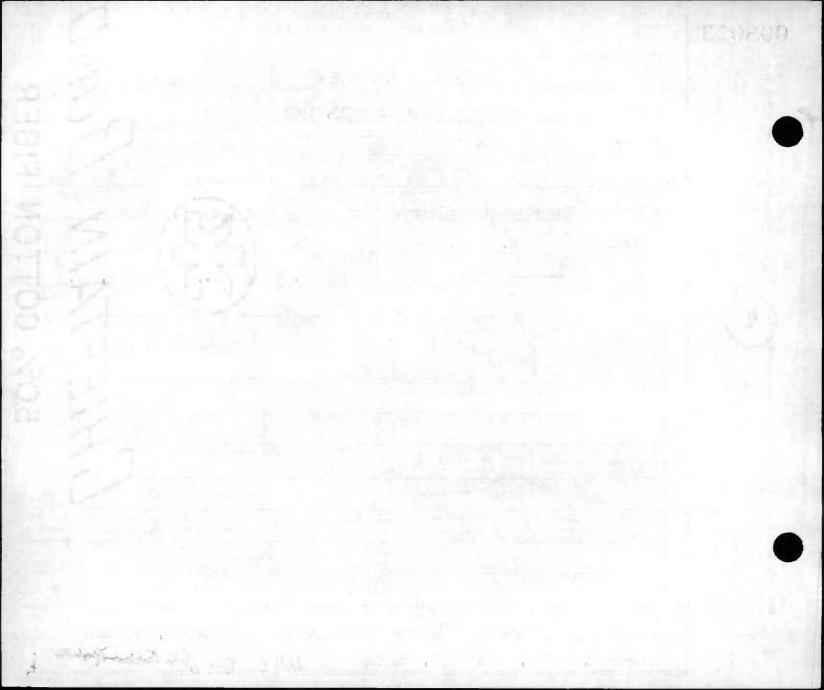
(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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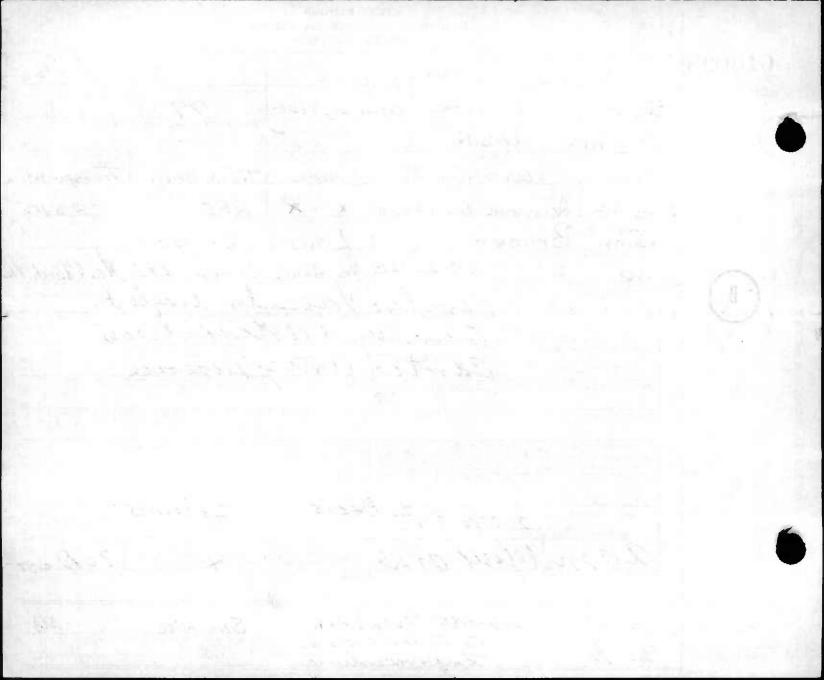
1 05	CEASED NAME FIRST	MIDQLE		AST	REG. N		[84 WOULD				
	CEASED NAME FIRST		D.		20 DATE OF DEATH		26 HOUR				
	4401			RIMER		12-29-85	1008				
3. SE		4. RACE	5. DATE (6. AGE (IN YEARS LAST BI	MONTHS DAY					
	Female	White		ber 13, 1903	82	YRS					
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH					
	Virgin a a	USA	WIDOWE		Wicomico	0					
10 CI	ITY OR TOWN OF DEATH		AL, NURSING HOME (Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		OF BUSINESS				
Sa	lisbury, MD	Peninsul	a General	Hospital	Homemaker		n Home				
	AL RESIDENCE (IF NURSING HOME STATE 13b. CO		TY OR TOWN	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE					
Ma			rdletree	YESX NO	Box Iron F						
M. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIOOLE		AST				
V	Charles	S.	Jones	Lula	WIGOLE	Tarr	W21				
	VAS DECEASED EVER IN U.S.		OCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS	7- 1				
1	YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	74 7186	Harold W. Bi	rimer Sr	Girdletree.	Md.				
	18 CAUSE OF DEATH Enter						DXIMATE INTERVA				
	18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ORR PIDPUL MONARY ARRES 7										
	IMMED	IATE CAUSE (o)	IN PIONUE PI	ONRAY ARE	F3 /						
		DUE TO, OR AS A	CONSEQUENCE OF			W. 10.17 Chr.					
	Conditions, if ony, which	(6)	ONGESTI	VE HEART	- FAIL	UBE	4				
	gove rise to immediate			-	40000						
	couse (0), stoting the underlying couse lost.		CONSEQUENCE OF								
		(c) /4/	etral stes	nu							
7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART	10				
CERTIFICATION							1-1-2-				
CA	190 DATE OF OPERATION	196 CONDITION	196 CONDITION FOR WHICH OPERATIO		20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE					
=					YES NO	YES 🗍	NO 🗌				
7 8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJU		216 HOW INJURY OCCURE	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PART FOR PART 2					
	OR CONTRIBUTING CAUSE OF										
S	(IF EITHER NOTIFY MEDICAL EXAM)	P.M. 21e PLACE OF INJ	19	211. LOCATION							
MEDICAL			TORY, OFFICE, FARM ETC.)	STREET	CITY OR TO	OWN COUNTY	STA				
-	AT WORK AT WORK				4.4.						
	22a.1 certify that (I) (this he	spital) attended the dece	osed from	-25 19	2. to 12 - 2	19 88	. that all (we				
	sow the deceased alive	on 12-29	19 18,0	nd that in (ary) (our) apinion o	death accurred on the c	date and hour and from th	ne couses state				
	obove, (M (we) (did) (did) 22b, StGNATURE	not view the body ofter d		DEGREE		22. DA1	TE SIGNED				
	TILL OF THE THE	. , ,	1	ATTENDING	MEDICAL STA		1001				
	Alnny S	2 Chuan	ch t	PHYSICIAN D	DIRECTOR PHYS		129/1				
	224. PHYSICIAN'S NAME FIX	E OR PRINT)		22e. ADDRESS		/					
				The April 100							
230	BURIAL, CREMATION, REMOV	AL 23b DATE	234 NAME OF C	EMETERY OR CREMATORY	123d LOCATION						
	(SPECIFY)				CITY OR TOWN	COUNTY	STA				
-	Burial	1/1/86	Springh	ill Methodist		ree, Maryla					
24 FI	UNERAL DIRECTOR		ADDRESS		E REC'D. BY REGISTRAL	256. REGISTRAR'S SIGN	ATURE				
	Norman F. De	nnis, Snow	Hill, Mary	land IAN	6 1006	which Davidson	otherm				
1				17/111							



	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 3	5 0 4 2
013098	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
2-11-0	(TYPI	SAMUEL	Beadle	S BRIMER	12 0	28 85 53A
poge er dea	3. SE		4. RACE	S. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HR
ge 4	1	Male	White	april 20, 1906	79 YRS MC	DNTHS DAYS HOURS MI
Pod pon	7a. B	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	F DEATH
in 72		Dirainia	U.S.N.	WIDOWED DIVORCED	Wicomico	
within	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	176 KIND OF BUSINESS
of the filed with	-	PALISBURY	Wi Comico 1	ursing Home	Truck Driver	Transporto
filled in could be		STATE 13h COU	11 11 . 01	N 13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE	9999
sty sty	14. F	ATHER'S NAME	Comercial Wew Ch	15. MOTHER'S MAIDEN N	AME	0.341
1 17/01	-	12	MIDDLE LAST	FIRST	MIDDLE	LAST
5 /0/	140 \	VAS DECEASED EVER IN U.S. AI	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT	APDRESS	
3			2/8-20-		Brimer . RFD	New Clara
/ n		18. CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), or ED BY:		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		TE CAUSE (o)	wer Vasa	was accepted	La Car
the contract of the contract o	1		DUE TO, OR MY A CONSEOU	ENCE OF	1-01	_
	1	Conditions, if ony, which	(b) (salled Ur	unsely,	40
the the		gove rise to immediate couse (a), stating the	DUE TO, OR-AS A CONSEQU	ENCE OF	0 -	
but co		underlying couse last.	(Am	us and	y Duserne	
signed we ple o burio	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEXT	MINAL DISEASE OR CONDITION GIVE	V IN PART 110
been mit. I	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED
0 2 4	F				YES NO YES	NG CAUSES OF DEATH?
N: The hysician.	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
Phy		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
HYSICIAN: The Inding physician. Ins certificate has build-tronsit pe build-tronsit pe Inding Hygiene or Item 18 shows	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	211 LOCATION		
1 6 6 - 0	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
or offer the as the off hand marked		AT WORK AT WORK	· · · · · · · · · · · · · · · · · · ·	70 1255	70000	
TTEND pritol of TOR use of Hea		sow the deceased alive or	ital) attended the deceased from 19	, and that in (my) (our) apinior	death occurred on the date and hour	ond from the couses stated
OR A e hos ched ched Dept.		226. SIONATURE	1.1	DEGREE		22c. DATE SIGNED
Al D Al D Al D detoc ate D T: If		10m	tuny m	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	30Dz
HOSPIT HOSPIT FUNER old be of the Sh	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
	1					
0 8 5 8 2 8 1		BURIAL CREMATION, REMOVA	. 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
C/BPC		Burial	12-30-1985	Berk Eden	STOR TOWN	COUNTY
111	24 F	UNERAL DIRECTOR			TE REC'D. BY REGISTRAR 25b. REGISTR	
DHMH 16 50M 4/83 (VRA 15, 4)		michel	ADDRESS	I		Tavidson-Randal

STATE OF MARYLAND

5 3 5 8 4 2



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFIC	ATE OF DEATH	REG. NO.		
DECEASED NAME FIRST		MIDDLE	LAS		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	elvin	Thurlo		Brinson	December 21,	1985	M
3. SEX	4 RACE		5 DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS HOURS MIN.
Male	White		NONTH 01	12 1926	59 YRS		nours min.
North Carolina	76 CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY OR COUN WICOMICO		
CITY OR TOWN OF DEATH			WIDOWED HOME OR	OTHER INSTITUTION	12ª USUAL OCCUPATION		F BUSINESS OR
SALISBURY	HAR	FORD RO			Brick Mason	(LIFE) INDUSTRY	
Maryland 136 CO	icomico	Salisbury		3d. Inside City Limits?	13e. STREET ADDRESS Harford Road	2/801	
Marcus Eno	ch ^{MIDDLE}	Brinson	1	Lucy	WIDDLE	Crain	т
(YES, NO OR UNYOWN)	ARMED FORCES? GIVE WAR OR DATES)	218-16-6		7. INFORMANT Emr	ma H. Brinson (W	ife)	
19a DATE OF OPERATION	DUE TO, O (c) NT CONDITIONS CI	ITION FOR WHICH C	NCE OF EATH BUT NO DPERATION	WAS PERFORMED	YES NO NO IN CER	SIVEN IN PART 100	IGS USED
OR CONTRACTOR CONTRACTOR	DEATH HOUR A.	PFINJURY M. MONTH DAY M.		No. How injury occurs	RED (ENTER NATURE OF INJURY IN ITEM II	B PART : OR PART 2)	7
OR CONTRIBUTING CAUSE OF	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY OFFICE, FAR		THE LOCATION STREET	CITY OR TOWN	COUNTY	STATE
220 I certify that (I) (this has saw the deceased alive abave, in (we) (ided) (dic	on Dec.	1.3.1 19 8			death occurred on the date and h	our and from the	that # (we) last causes stated
22b. SIGNATUR	. ~	Part.	DE	GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/2 DATE	23/1985
James E	(PE OR PRINT)			1300 S. Div	vision St., Salisbu	ry, Md. 2	1801
Burial, CREMATION, REMOV	AL 23b DATE	0.2 1.1		NETERY OR CREMATORY	23d LOCATION		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

BP.

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept, of Health and Mental Hygiege prior to by

e prior to buriol, cremotion, or re injury, or other troumatic

DHMH - 16 50M 1/81 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

Salisbury, Wicomico, Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FUNERAL DIRECTO

STATE OF MARYLAND

FOR STATE REGISTRAR		0		IEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. NO	3 3	0 4 4
1. DECEASED NAME	FIRST	MIDDLE		LAST		MONTH DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Helen	Moore	BRITTI	NGHAM	December 28	3. 1985	8:20A
3 SEX		RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		AR IF UNDER 24 HRS
			MONT		71	MONTHS DAT	S HOURS MIN.
Female		White		h 08, 1914		YRS	
70. BIRTHPLACE (ST	TATE OR FOREIGN 7	b. CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
Wicon	nico	U.S.A.	WIDOWI		Wicomico		M
ID CITY OR TOWN O		1. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	GIVE STREET ADDRESS]	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired		
Salisbury		Deer's Hea	d Center		Metrica	nato ngen	icj
13a. STATE	13b. COUNT		OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	
Maryland	i Wicom	ico Salis	sbury. a	YES NO X	207 W. Lo	custest.	21801
14 FATHER'S NAME		IDDLE	LAST	15. MOTHER'S MAIDEN N	AME		LAST
W		Moore, Sr.	th31	Ella	Mae	Adkins	LASI
16a WAS DECEASED			IAL SECURITY NO.	17 INFORMANT	ADDRE		
(YES NO OR UNKNO	WN) (IF YFS, GIVE	WAR OR DATES)		D		Southwood 3	
		1217-	10-2283	Philip Britt	ingnam Sal	isbury, Mary	
18 CAUSE OF PART I. DE	ATH WAS CAUSED	y ane cause per line far la BY: CAUSE (a)	n, (b), and ic .)	mia.		BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
		DUE TO, OR AS A CO	NEFOUENCE OF			877	
Canditions	if any, which	(INSECUENCE OF				
gave rise t	a immediate	(b)					
	stating the	DUE TO, OR AS A CO	INSEQUENCE OF				
		(c)					
	R SIGNIFICANT CO	ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONE	ITION GIVEN IN PART	Ira
0	A	SCUD					
A STIG ACCIDENT A	PERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
210 ACCIDENT V	WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2	?)
00.0001101011110	G CAUSE OF DEAT						
(IF EITHER NOT	IFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION			
(IF EITHER NOTI	NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTOR		STREET	CITY OR TOV	VN COUNTY	STATE
22a.l certify t	hat (1) (this haspite	al) attended the decease	d fram	-23 19 6	1 to 12-	Z F 19 FY	that (I) (we) last
	deceased alive an_	12 20	PA -	nd that in (my) (aur) apinia	n death accurred an the da	te and have and from t	

22b. SIGNATURE

Kyuna Ook Yoon, M.D.

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

2180 Deer's Head Center, Salisbury

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Rurial 24 FUNERAL DIRECTOR

12-31-1985 Parsons Cemetery 23d LOCATION
CITY OR TOWN
Salisbury , Wicomico

DHMH - 16 60M 7/84 (VRA 15, 4)

Baker & Bounds

Salisbury, Maryland 21801

ACLIANTED RESERVED

All the following recognitions are small larger by a second so in growth and interplaced in the first second so in the first second so in the first second second so in the first second second

A CONTRACTOR

FOR

the funeral DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ģ FUNERAL DIRECTOR: should be detached with the State Dept.

and Mental Hygiene prior to

00

marked or Item

MPORTANT: If Hem 21 is

(VRA 15, 4)

STATE OF MARYL

DEPARTMENT OF HEALTH AND CERTIFICATE OF

AND MENTAL HYG DEATH	IENE S	٥	J	1	3 8	-1	O
LAIII		REG. N	Ю.				
b a m	Dec.	27,	монтн 1985	DAY	YEAR	26 HOUR	
nam	6 AGE (INY			IF UN	DER I YEAR	IF UNDER 2	4 HRS
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MARRIED T	9 BALTIMO	RE CITY O	COMICO	Y OF	DEATH		MD.
TITUTION	120 USUAL	OCCUPAT	ION	11	2b. KIND C	F BUSINES	
ry, MD	Equip		erato:		DUSTRY T OF	m	
NO 🗌	136.STREET A 226 S				St./2	21863	
S MAIDEN NAM	WE						
Hele	n	MIDDLE	Mur	nfo	rd	.1	
ANT		ADDR	£55				
neth Br	itting	ham,	Snow	Hi	11. N	d.	
				ŀ	BETWEEN	ONSET AND D	EATH .
of as	crotu	m					
Lexios	der	0 Si.J					
TO THE TERM	IN AT DISEAS	E OF CON	DITION OF	VERY	N PART 1	0	
Diah	200 AUTO	Ma	Mill		DE EINIDIR	NGS USED	
DRMED	YES 🗆	NO 🗆	IN CERT			OF DEATH	1 ?
JURY OCCURR	RED (ENTERNA	TURE OF INJU	JRY IN ITEM 18	PART 1	OR PART 2}		
ON		CITY OR TO	NWC		COUNTY	St	ATE
			/				
10 CE	to	12	27	10	85	that th (w	e) last
(aur) apinian o	death accurre	d on the o	late and ha	ur and		, ,	
ATTENDING _	MEDICAL	STA			22c. DATE	SIGNED	6
	DIRECTOR				sbury	MD	15

- STATE REGISTRAR MIDDLE 1. DECEASED NAME TYPE OR PRINTS idner E. White 3. SEX male June 25 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER Maryland USA WIDOWED [OCITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Deer's Head Center, Salisbu ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136. COUNTY 136. CITY OR TOWN Snow Hill 13d. INSIDE C Maryland Worcester YES X M FATHER'S NAME 15. MOTHER Brittingham Lloyd MIDDLE 16b SOCIAL SECURITY NO. 17 INFORM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 6701 Ken 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating underlying cause CERTIFICATION 1 one c 196. CONDITION FOR WHICH OPERATION WAS PERFO 19a DATE OF OPERATION 21b. TIME OF INJURY 21c. HOW IN 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATI (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (this haspital) attended the deceased from saw the deceased alive on 12/2.7 above, (h) (we) (did) to a not view the body after death and that in (m) 22b. SIGNATURE DEGREE 22e ADDRE 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

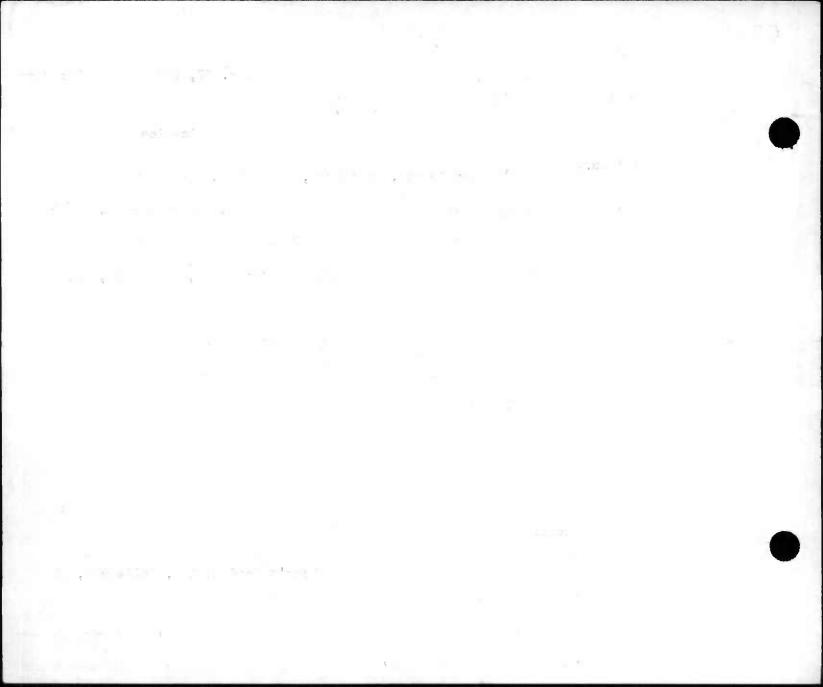
24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Norman F. Dennis

Snow Hill, Maryland

Whatcoat Methodist

12/30/85

Snow Hill. Maryland



executed within 24 hours after DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

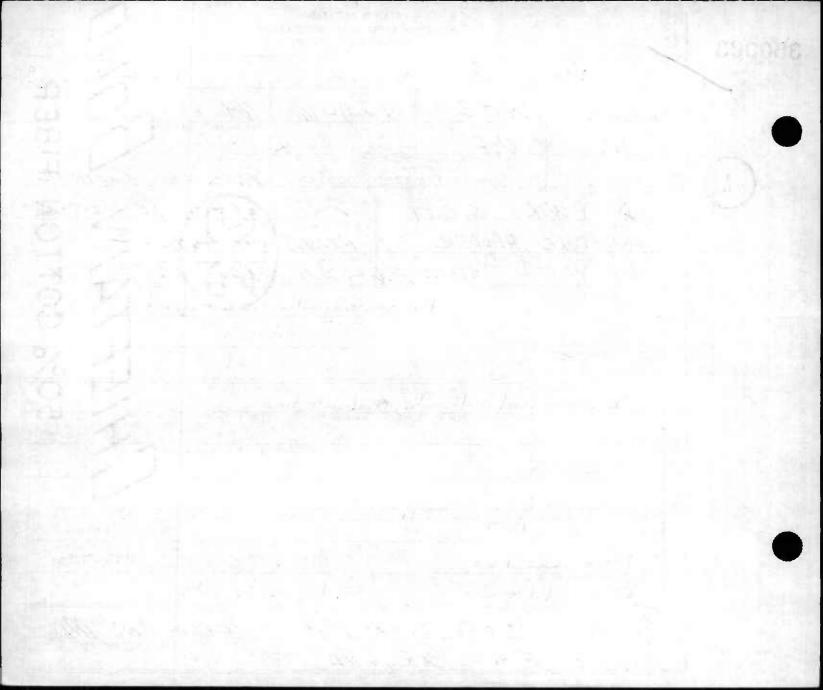
IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or ather traumatic event, the

350003

тоу ре

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 6 5	5 5	3 4 3
	PECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
	Mo Mo	ing -1	Buchavan		13-4-82	1502 "
3. 5	FEMALE	WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE, MONTHS DAY YRS.	
Ta	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	1-1-1-1
3	MD,	058	WIDOWED DIVORCED			MD
29	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT		OF BUSINESS OR
S.	alisbury, MD	//	General Hospital	SEAMSTRE		THIKE
#5 13a	UAL RESIDENCE (IF NURSING HOME) I. STATE 131 COL	OR OTHER INSTITUTION GIVE RESIDENCE UNITY OR OR		13e STREET ADDRESS		21842
0	FATHER'S NAME FIRST FIRST FOR DOR	E HAPPER	15. MOTHER'S MAIDEN I	L. W	YATT	LAST
760	(YES, NO OR JINKNOWN) (IF YES, C	ARMED FORCES? 166. SOCIAL 2/3-	22-6466 L. BUC	HANAN	DEEAN	City
	18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	only one couse per line for 10), (b SED BY:	0 1	1257 21 21/107		OXIMATE INTERVAL EN ONSET AND DEATH
	IMMEDI	ATE CAUSE (0)	14"180000 710	1251 का शास्त्र	price to 3	adssev
	Conditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF	ibrosis		
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS		155		
Z		adaid arth	The mala wint	RMINAL DISEASE OR CON	DITION GIVEN IN PART	110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NOT	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
4 8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU		
			DAY YEAR			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
		pital) attended the deceased from 12 - 1	rom 11 - 17 19 F5		ote and hour and from t	that (we) last he causes stated
	226 SIGNATURE	2	DEGREE	ASSOCAL STA		TE SIGNED
	morad	remo		MEDICAL STA	IAN DIA	.1.82.
	220. PHYSICIAN'S NAME (TYPE	1 Crouch	531 PLIOT	rside, sals	string	
230	BURIAL, CREMATION, REMOVA	12-10-83	231. NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	N, Wak	MS ATE
24	FUNERAL DIRECTOR	F. H. ADG		PATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	ATURE



(death. Page 4 may be	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ALOR ATTENDING PHYSICIAN: The low require that the cloth certificate be executed within 24 hours after death. Page 4 may be the hospital or ottending physician.	AI DIDECTO After at the conditions have a contract and contract and
RDS, 201 W. F	t that th	100
DIVISION OF VITAL RECO	AL OR ATTENDING PHYSICIAN: The low the hospital or ottending physician.	Section 14 months of the board

353128	1-	FOR Tem 18a+ STATE CN REGISTRAR	6-PartIL DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 S	3 5 9	4 9
4 moy be lor, page 3 offer death		CEASED NAME FIRST ORPRINT) MARGARE	+ Rounds Be	URKHARDT S. DATE OF BIRTH MINTH 12 1926	DECEMBER 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF	HOUR 2 I A M UNDER 24 HRS
deoth. Poge	70 B	RTHPLACE (STATE OR FOREGON ON THE OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? U, S, A	8 MARRIED NEVER MARRIED WIDOWED DIVORCED 1 G HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COU WICOMICO		MD
ours after the tiled with	Sa	lisbury AL RESIDENCE (IF MURSING HOME OR	PENINSULATIVE CENEEL	ADMISSIONI	NUrse Hi	126. KIND OF BUINDUSTRY	Ten
d within 24 h	M	IAIE 1 136 COUN	MIDDLE RALLASTO	13d. INSIDE CITY LIMITS? YES NO INSIDE CITY LIMITS? YES NO INSIDE CITY LIMITS? YES NO INSIDE CITY LIMITS?	ME MIDDLE	Osbongh S	t 2150
be executed on ond s. Poges e medical	16a V	VAS DECEASED OF ER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT P.	Shown Sub	Both 227	1997
certificate in physicic bonpopers removal.		PART I. DEATH WAS CAUSE	nly one couse pecline to and 7b and D BY: TE CAUSE (0)	Nury Embali		APPROXIMATI BETWEEN ONSE	E INTERVAL ET AND DE ATH
that the cash of t		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	entiated Metasta			
N: The low required by sician. Icote has been consi permit. The Hygiene prior to the Hygiene	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF A PART 2 OTHER SIGNIFICANT OF OPERATION	rustive Palmona	DEATH BUT NOT RELATED TO THE TERM TY ALSEGSE - ATTAY OPERATION WAS PERFORMED	1200 AUTOPSY? 1206. II	FYES, WERE FINDINGS	S USED DEATH?
PHYSICIAN: T inding physics this certificate e buriol-fronsis d Mental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (HE EITHER NOTHEY MEDICAL EXAMINES 216. INJURY OCCURRED		19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I ORPART ?) COUNTY	STATE
ATTENDING is ospital or otter to the community of the com	2	sow the deceased alive an abave this we did (did no	ital) attended the deceosed from	, and that in (my) (our) opinion	death occurred on the date and		
O HOSPITAL OR stoined by the hr TO FUNERAL DIRE thould be detrochewith the Stote Depression with the Stote Depression with the Stote Depression of the		726. SIGNATURE	S Sulbuly	DEGREE ATTENDING PHYSICIAN 226 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	al h	NED ,
TO HOSP retained retained to should by with the Whole Polymer to FUNE the World by Whole Polymer the World by W	23o. I	BURIAL, CREMATION, REMOVAL	12/16/85 Sch	NAME OF CEMETERY OR CREMATORY	23d LOCATION JAYONON	Will.	md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 B	ALEN TBOUN	105 SALISTO	ory, MO · DEC	TE REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE	120

353123 The state of the s THE PROPERTY OF THE STATE OF TH And the results of the second was the contract of the state of the state of the state of the A CONTRACTOR OF THE CONTRACTOR stev De la Fred e Richard e de Maria et la companya de la companya Enrich Berger De Commente De ser Horner - with the The state of the s

STATE OF MARYLAND

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8	2	(J	5	0	.)	J
	REG. NO.					

31	1 -	FOR STATE PEGISTRAR	DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 5 6 5 3			
6		CEASED NAME FIRST CATHERI	MIDDLE	Bu	asi RNS	120. DATE OF DEATH MONTH DAY YEAR 16. HOUR 32				
0	3. SE		RACE 5. DATE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS			
	77	Female			ay 18, 1885	100 _{YR}	MONTHS DAYS HOURS MIN.			
67		OUNTRY)	Ersey U.S.A.	8.	D NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY OF DEATH WICOMICO				
7	30 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WICOMICO NURSIA		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE GENORK FOR MOST OF WORKING LIFE) Tactory Worker 12b. KIND OF BUSINESS OF INDUSTRY				
1	/13a. S	AL RESIDENCE (IF NURSING FOME ORGITATE LEW Jersey Berg	other institution, give residence before 13c, CITY OR TOWN gen Moonact	ion, give residence before admission) 13c. CITY OR TOWN Moonachie		13. STREET ADDRESS / ZIP CO	DDE 7 07074			
1	1	THER'S NAME John	Burns		15. MOTHER'S MAIDEN NAM Catherine					
3		VAS DECEASED EVER IN U.S. ARM YES, NO OR (IN YES, GIVE	MED FORCES? 166. SOCIAL SECU WAR OR DATES) 157-12-1		William J.	Nagel, M.D. (C	Grand-nephew)			
	CERTIFICATION	DUE TO, OR AS CONSEQUENCE OF BOUNDARY OF THE UNDERLY OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-								
1	TIFIC					YES NO YES NO NO				
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY			
		27a.1 certify that (I) (this hospital) attended the deceased from 16 19 19 19 19 19 19 19 19 19 19 19 19 19								
,		276 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN 12/5/55								
/		a CM, to	chelly. R)	POB14	8 Izente	land, mel			
	-	Burial, CREMATION, REMOVAL SPECIFY) Burial			emetery or crematory ame Cemetery		Hudson, New Jerse			
,	24 FI	UNERAL DIRECTOR Holloway Funera	l Home, P.A., Sal	isbury	y, Maryland D	EREC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE			

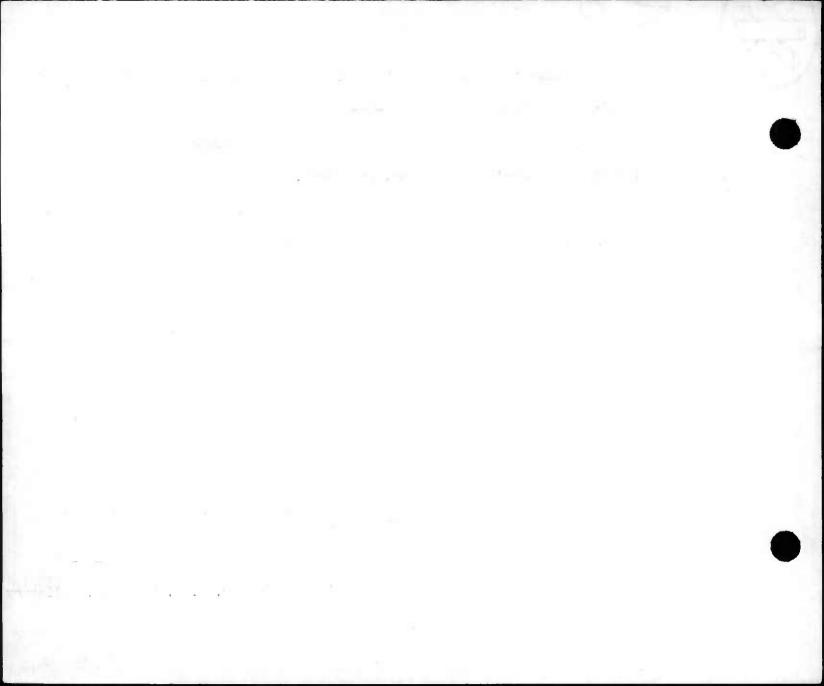
grant to the tend attended animal Personal of the Elector chester was a comment 5/2/2 -18/2/21 Sen Brokell mis 02 / 1 11 / my 27 11 20

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

144	, 1 -	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
16		CEASED NAME OR PRINT)	FIRST	e annua Ar	WIDDLE		AST	2	DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR	R
t /9			Calv		ert H.		Callison		12-21	5	3	A	
The contract of the contract o	3 SE	male		white		5. DATE (YEAR 6.	AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 2 HOURS	24 HRS MIN.
110	-						14-14		71	YRS_			
2 120		RTHPLACE (STATE OR			WHAT COUNT	RY? 8.	D NEVER MARE	RIED -	BALTIMORE CITY O	R COUNTY	OF DEATH		
5 6		st Virgini		U. S. A	Α.	WIDOW		CED	Wicomico				M
170		TY OR TOWN OF DEA	ATH				ING HOME OR OTHER INSTITUTION		20 USUAL OCCUPATION		126 KIND OF BUSINESS O		
AST	Salisbury			Deer's Head Center, Salisbury, MD Mechanic A						Auto			
"7"	13a. S	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	13c. CITY OR 1		E13d. INSIDE CITY L	IMITS?	3e STREET ADDRESS /	ZIP CODE	109	1560	GG.
14	De	laware	Suss	ex	Laure				Rt. 2 Laur		arptown	1 Hwy	11
-	14. F/	THER'S NAME			LAST		15 MOTHER'S MA						
797	Wi	lliam R. C		on	LASI		Zora Flo	orence	Eagle		ŁAS	.1	
0	16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166. SOCIALS	SECURITY NO.	17 INFORMANT		ADDRE	55		1994	40
medical series	. (YES. NO OR UNKNOWN)	WW I	E WAR OR DATES)	233-20-	-7438	Janet Jer	nkins	403 Delawa	ro Ave	nolm		
-							panet dei	IIIII	405 DCIAWA	LE AVE	APPROXI	MATE INTERV	VAL.
, t		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ly ane cause pe D BY:	r line for (o), (b	i, and (ci.)	- P	•	1000		BETWEEN	ONSET AND O	HTA3C
9		IMMEDIATE CAUSE (0) Welastatie Caro unit of Fung											
offe	DUE TO, OR AS A CONSEQUENCE OF to Brain & Bolles												
200	Conditions, if ony, which ((b)												
er fr		gave rise to imi couse (a), statir		DUE TO, C	OR AS A CONSE	EQUENCE OF							
£ .		underlying couse	lost.	(c)									
۵, ۲		PART 2. OTHER SIG	VIFICANT	ONDITIONS	ONTRIBUTING	THE TERMIN	MINAL DISEASE OR CONDITION GIVEN IN PART 110						
, <u>S</u>	ON O	Clum	10.	slut	well.	L Du	lucular	M 104	estast				
ou o	CERTIFICATION	190 DATE OF OPERA	TION	19h COND	DITION FOR WE	ICH OPERATIO	N WAS PERFORME		200 AUTOPSY?		WERE FINDIN		
3	Ĕ								YES NOT		YING CAUSES	NO	
ž /	E 20	21a. ACCIDENT WAS UN	DERLYING _	216. TIME (21c HOW INJURY	Y OCCURRED	D (ENTER NATURE OF INJUS	EV IN ITEM 18 PA	ART 1 OR PART 2)		
18		OR CONTRIBUTING											
or Its	MEDICAL	(IF EITHER NOTHY MEDI			OF INJURY	19	ZII LOCATION						
0	WE	WHILE NOT WI			TREET, FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR TO	MN	COUNTY	ST	TATE
o x		AT WORK AT WO							10	7//	00	_	
. <u>e</u>		22a I certify that X			he deceased from		29,1	9 8.5	-, 10	- d'/, 1		thot XII (w	
121		saw the deceas above, 10 (we) (ed olive on did) (did no	t) view the bod	y after death.	19_5_5_, 0	-	r) opinion dei	ath occurred on the do	ite and hour			ted
Hen		226. SIGNATURE		^		~	DEGREE				22c. DATE		
*	Elsa M. Ceare M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12-27-85												
37	1	22d PHYSICIAN'S N.	AME (TYPE O	R PRINT)	,-02		224 ADDDESS				M	D 01	100
5		FICA	2	(210		Deer's H	lead Co	enter, P.	O. Box	2018	Sali	SE
MPORT	=	I A A A	DE NIGHT	CO O	4	72. NIA/45.05 :	EMETERY OR CREA		123d LOCATION		,		
	230. b	Burial, Cremation, (SPECINY) Urial	KEMOVAL	12-30-					CITY OF TOWN	00-1	COUNTY	51	TATE
				12-30-	1307	Shringi	nill Memor		Hebron Wi				
4/83		UNERAL DIRECTOR			ADDR	ESS			REC'D. BY REGISTRAR				
1)	Ma	rvel-Short	Fune	ral Hon	ne Delma	ar, Del	19940	ناتات	30 1985	ywar D	avidson-1	Advadad	



-	1,000	1/
9	Division Division	7
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the dear centrale be ex- retoined by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attended phones should be detached for use as the buriot-transit permit. Their please semple call with the State Dept. of Health and Mental Hygiene print to burial cremation, or remains	IMPORTANT: If them 21 is marked or them 18 shows on, must, or either traumathe areast. The median
the de	the off remotion	her hrau
es thos	please	y. or of
ned n	oen sig of Ther	17
The lov	e has b sit perm giene pi	8 shows ony
TO HOSPITAL OR ATTENDING PHYSICIAN: The Is retained by the hospital or attending physician.	ertification- iol-tron	em 18 s
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NDINO	R. Afte Use os Health	is mork
R ATTE hospite	RECTO hed for ept. of 1	tem 21
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DHMH - 16 60M 7/B4

(VRA 15, 4)

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mperers tilled in thy the funeral director, page 3 and 2 mould be the arthur 72 hours ofter death

STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	REG. NO.	3	5	3	j	6
							-

1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									D 6.	
		CEASED NAME FIRST	MIDDLE /	U	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR	
	TYPE	SACIE	MARIE	CAI	REW	DECEMB	ER 23.1	985 6	830,	
	3 SE)		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDE		UNDER 24 HRS	
2	1	emale	white	5	2 1925	00	YRS.	1	OURS MIN.	
3	7a BII	DUNIO)	76 CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	EATH		
	ID CI	TY OR JOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWE		Wicomico	1001	KIND OF B	USINESS OR	
7		isbury	(IF NOT IN SUCH FACILITY GIVE STREET Peninsula Gener	T ADDRESS)			WIFE O	USTRY	4cm e	
g	130 S	Aryland Wice	TY - IBC CUY OR TOV	RE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ZIPCOPE	Wou	1218	
1	14 FA	Charles ^	A ROC	e	15. MOTHER'S MAIDEN NA	MA PODIE	4 7	SAF	AeL	
	16a W		WAR OR DATES)	URITY NO.	HENE HROC	e Salist	Vaple w	ay:	801	
		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), or DBY E CAUSE (a) Lung	nd ic	Concer			APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH	
		IMMEDIATI	DUE TO, OR AS A CONSEDU	IENCE OF				180	-	
		Conditions, if ony, which	((b)					6		
		gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	JENCE OF						
	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN	PART 110		
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO				
7	CER	210. ACCIDENT WAS UNDERLYING	The state of the s	PAY YEAR	21c. HOW INJURY OCCUR		JRY IN ITEM 18 PART I OR	RPART 7)		
	CAL	OR CONTRIBUTING CAUSE OF DEAT	in	19						
	MEDICAL	71d INJURY OCCURRED	71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC)	71f LOCATION STREET	CITY OR TO	OWN CC	YINUC	STATE	
		AT WORK AT WORK		- 0	1	,	2/23	85		
		22a I certify that (I) (this hospit saw the deceased give on above, (I) (we (did)) did not	-141	85 00	d that in (my) (per) apinion	death accurred on the c	Inte and hour and t		it (II (we) last uses stated	
1		27h SIONATURE	- 1.06	/	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF _	2c. DATE SIC	3-8-	
i		22d. PHYSICIAN'S NAME (TYPE OF	PRINT		220 ADDRESS /300			7		
		DAVID E.	COUALL, 1	ND.	Salis	sbury , w	10 218	10		
	23a. B	BULLAL SPECIAL	12-28-1985 L	NAME OF CI	Mem, PACK	SAUSE SAUSE	iny to	ic	Ma	
	24 E	PACED BOUN	10s SALISTU	NY. M		TE ROLL BUSINESS TRAI	FISH GISTRAR'S	SIGNATURI	ndere	
	-		7-11-12-0				V		-	

water of the William State The second of th MIGHT HINTERN mouse la Te Con e Henre MATYLEAD WILLIAM SALISONAY A 358 WILLIAM SUMMER WILLIAM CHARLES LARGE ELSIE MAY ISBACLES AND SEE STEEL AS A PERSON DE SEE SEE SEE SEE

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OR TATE FGISTRAR	DEPARTMENT OF HEALTH AN
REGISTRAR	CERTIFICATE OI

STATE OF MARYLAND D MENTAL HYGIENE F DEATH

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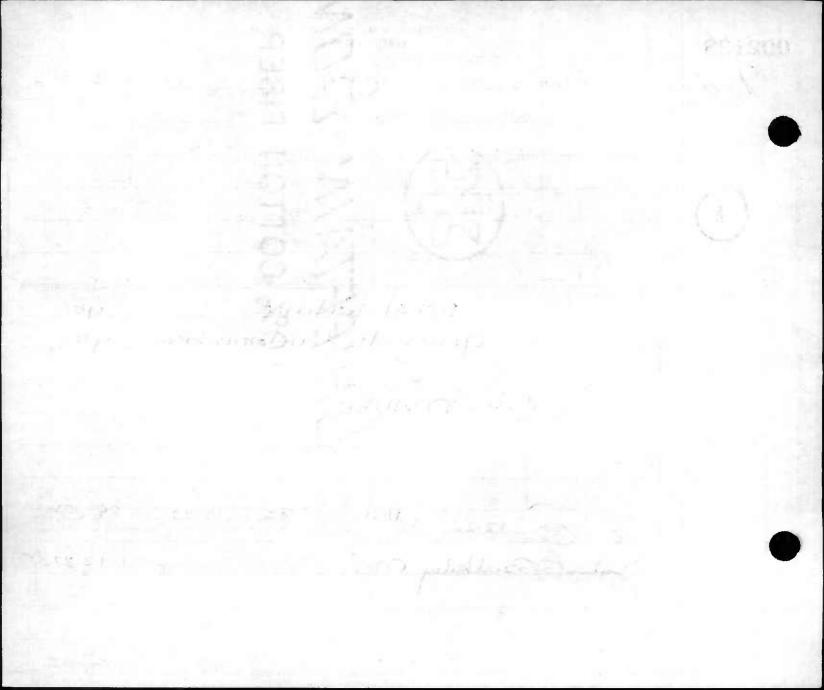
							REG. N	J.		
	ECEASED NAME	FIRST		MIDDLE	0	LAST	2e DATE OF DEATH		DAY YEAR	2b HOUR
	V	ioh	Hes	ter	C	AREY		12-2	7-85	310
3. S	EX		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 H
Fe	emale		White		Aug.	11, 1901 YEAR	84	YRS	MONTHS DAYS	HOURS
	SIRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	ED W NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	arvland		U. S.	Α.	WIDOW		Wicomico			
10. (ITY OR TOWN OF DEA	TH	11. NAME OF	OSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS
Sa	alisbury			H FACILITY, GIVE STREET A		ing Home	Housewife	F WORKING LIFE	E) INDUSTRY	
USI	JAL RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		•			-
	aryland	Wico	mico	Pittsvil		13d. INSIDE CITY LIMITS? YES NO K	Rt. #1 Lin			:0
_	ATHER'S NAME	MICC	MILCO	TTCCSVII	16	15. MOTHER'S MAIDEN NAM		e noac	u 2103	10
Fa	rnest Cordr	037	WIDDLE	LAST		Harriett Lin	MIDDLE		1AS	iΤ
-	WAS DECEASED EVER		MED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	(YES, NO OR UNKNOWN)	(IF YES, GI	E WAR OR DATES)	213-60-7	670	Pansy C. Wil	son Fodomo	labum	~ Md	
No						ransy C. WII	Son redera	ISDUL		MATE INTERVAL ONSET AND DEA
	18 CAUSE OF DEATH			Revi	-	Ca. 1				
		IMMEDIA	TE CAUSE 10)	1560	-0.1	-terricism	_		19	25
			DUE TO, O	AS A CONSEQUE	NCE OF 1	1 1	1			4.0
	Conditions, if ony,		(b)	Jene.	VCO	The ont	enusclen	- 9212	4	123
	gove rise to imm		DUETO	R AS A CONSEQUE	NCEOE					
	underlying couse		100210,01	RAS A CONSEQUE	NCEOF					
	PART 2 OTHER SIGN	JIEINANT	CONDITIONS CO	INTERNITING TO D	E A THI BILL	NOT RELATED TO THE TERM	IN AL DISEASE OF CON	DITION CIV	ENLINI DADT 1/	
Z	TAKE 2 OTTICK STOP	11	1-1-	a ~~	11-	O RECEATED TO THE TERM	INAL DISEASE OR COIL	JIIION GIVI	ENTREAKTO	0.
CERTIFICATION	190 DATE OF OPERA		19h COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	T20b. IF YES	, WERE FINDI	NGS LISED
FIC	The Barre of Great		170 001101	no, crok winer	OI CKAILE	or was remonited		IN CERTIF	YING CAUSES	OF DEATH?
RTI	21a ACCIDENT WAS UND		7 21b. TIME O	E IN LID IBY		Tat now supply a course	YES NO		S 🗌	NO 🗌
	OR CONTRIBUTING	b.	110110 1	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	(ED (ENTER NATURE OF INJU	AY IN ITEM 18 PA	ART OR PART 2)	
CA	(IF EITHER NOTIFY MEDI	CAL EXAMINE	P.,		19			100		
MEDICAL	21d INJURY OCCURE		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM. ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WO	RK							-	
	22a.1 certify that (11-	19 82	- to 12-2	7	19 65	hard (we)
	sow the deceose above, (I) (we) (c	d alive or	View the body	ofter death	52 0	nd that a (my) (our) opinion o	death accurred on the de	ate and hour	r and from the	couses stated
	226. SIGNATURE		Ty Mew Me Dody	oner deam.		DEGREE			22c DATE	SIGNED
	1		~	1.00	0	ATTENDING PHYSICIAN F	MEDICAL STAI		12	2-27.8
	22d PHYSIC AN'S NA	ME ITYPE	OR PROFILE	muny	111	22e ADDRESS] DIVECTOR [] PHISIC	IMIN		
				1		100000				
30	BURIAL, CREMATION,	REMOVAL	236. DATE	23€ №	AME OF	CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
71	rial		12-29-	1985 Lin	e Ce	meterv	Delmar Su	ISSEX	Delawan	re

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event

24 FUNERAL DIRECTOR Marvel-Short Funeral Home Delmar, De.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE who Davidson-Randoll



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

85 35854

						REG. NO.			
		CEASED NAME FIRST	MIDDIE	* A L	AST .	20. DATE OF DEATH N	AONTH DAY YEAR	26 HOUR	
	(1117	PhyL	415 Christi	Ne Car.	ter	December	er 14,1985	1800 M	
	3 SE	x	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YE	AR IF UNDER 24 HRS	
	F	emale	white	MONTH	14 1936	65	YRS MONTHS DA	TS HOURS MIN.	
-	To BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8	- C NEVER WARRIED C	9 BALTIMORE CITY OR	COUNTY OF DEATH		
2		MARYLAND	U.S.A	WIDOWE	D NEVER MARRIED DIVORCED	Wicomico		MD.	
e	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		OF BUSINESS OR	
_	Sa	lisbury, MD		General	Hospital	Reperson Most of	Ca JA	L. STAYE COL	
5	USU.	STATE 1 136 COU		BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESSA	Montice	1/08 AVIL	
2	IA FA	ATHERS NAME HEST	MADDLE PAN WITS	liams	15. MOTHER'S MAIDEN NAM	MIDDLE	WIN	gate	
/	16s V		RMED FORCES? 166 SOCIAL DIGITAL D	SECURITY NO.	RICHARD CAN	ter, In SAL	Sbury, Md	25401	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per the for road ED BY: TE CAUSE (a)	- And le	nor in for	Lim.	APPR BETWE	OXIMATE INTERVAL	
		Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	1	SEQUENCE OF	Wir Cards	50 Vishola	Diseppe	22 ys.	
	N C	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	Îlo	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?	
7		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 4 11 11011711	DAY YEAR	21c HOW INJURY OCCUR				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19					
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FFICE FARM, ETC)	211 LOCATION STREET	CITY OR TOW	1. / country	STATE	
		22s.1 certify that (I) this hosp saw the december of the one	12/14	8.5	nd that in (my) (art) apinion of	death occurred on the dat	and has and from t	he causes stated	
		72h SIGNATURE	t) vigue the body fifter deuffi.		DEGREE ATTENDING	MEDICAL _ STAFF	22c. DA	TE SIGNED	
+	- 6	THE PHYSICIAN'S NAME ITTEL	on Principle - 1	///	PHYSICIAN [DIRECTOR PHYSICIA	AN I I d	-14-0)	
1		0. J. B	unton		102 Power	ST. SALIS	sbury, M	1021801	
	23a. B	BUCIAL	12/17/8-5	PARSO	NS CEM	SALIS U	ry Wic	May.	
	24 FL	INERAL DIRECTOR)s (1/15/05	ESIA A		E REC'D. BY REGISTRAR 2	SE REGISTRAR'S SIGN		

DHMH - 16 60M 7/84 (VRA 15, 4)

the same and the s Land Comment of the C Language of the Contract of th AND PARTY SEED TO SEE THE STATE OF THE SEED OF THE SEE inches produce so have a second continue to the first and the first firs PTINGLAND DIMENET SMALLING MANNET IN A-pr-si non in the state of the C. J. Runton more well work to Burney Mile Electron The same street to be a second of the same of And the state of t

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 death requires that the TO HOSPITAL OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician.

DHMH - 16 60M 7/8

(VRA 15, 4)

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CERTIT	CAIL OI DI	AIII	REG. N	10.				
	EASED NAME	FIRST		IDDLE	2	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
TIPE	OR PRINT)	mamis	_	A.	(A	SSON			12	20	85	12.	15,
SEX	(RACE		5. DATE C			6 AGE (IN YEARS LAST B		IF UND	ER 1 YEAR	IF UNDER	24 HRS
-	- 1-		D1 1		MONTH		YEAR	/		MONTHS	DAYS .	HOURS	MIN
-	EMAIR		Black	ANIAT COUNTY	7	- Z4-	1881	104	YRS		EATH		
	OUNTRY)	ALE OR FOREIGN 7	CITIZEN OF V	VHAI COUNT	MARRIE	NEVER M	ARRIED -	9 BALTIMORE CITY	DK COOK	IT OF D	EAIR		
	ARYLAG		16,5	. A.	WIDOWE		ORCED		10				٨
0. CI	TY OR YOWN O	OF DEATH		OSPITAL, NUR		R OTHER INSTI	TUTION	120 USUAL OCCUPATION OF WORK FOR MOST			KIND OF	F BUSINI	ESS C
Su	4/: 5/11/10	PU	River	12241K	MANO	7		Dohna					
JSUA	AL RESIDENCE	IF HURSING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)								
		13b COUNT	Υ	13c. CITY OR TO	/	13d. INSIDE CIT	NO 🔀	13e.STREET ADDRESS		-10	An I		
MA	THER'S NAME	113,00	M.CC	0141.51	nuey	15 MOTHER'S		FO POX 64	> -	Palis	IVIA	210	0.1
	FIRST	M	DDLE	LAST	'		IRST	WIDDLE			LAST	l	
	DAWI	=			ND			unknown	1				ш
	AS DECEASED	EVER IN U.S. ARM	ED FORCES? WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17 INFORMAN	IT	ADDI	ESS				
, ,	NO			218-0	1-7472	Audio	JU P. 1	Pilin Bos	35	PAR	senba	1200	N
	18 CAUSE OF	DEATH (Enter only	one couse per	line for ini. (b)	and (c)		1				APPROXIA BETWEEN O	MATE VIE	RVAL
		ATH WAS CAUSED	BY.	A (ioscle	نه وگواه م	Cono	Linkon 16	100		oc megano		, , , , , ,
		IMMEDIATE				20 120	0.00	o o o o o o o o o o o o o o o o o o o					-
			DUE TO, OR	AS A GONSE							110		
		f ony, which	(b)	Ne	stase						7	ar	
	couse (o),	stating the	DUE TO OR	AS A CONSE	QUENCE OF						11		
	underlying	cause lost	(c)								N		
	PART 2 OTHE	R SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING 1	O DEATH BUT	NOT RELATED	O THE TERMI	NAL DISEASE OR COL	VDITION (GIVEN IN	PART 1cc	3	
Z													
CATION	190 DATE OF C	PERATION	19b. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?		YES, WER			
FIC									IN CER	RTIFYING	CAUSES		
CERTIFI	21a, ACCIDENT V	//S UNIOSERIANIC TO	21b. TIME OF	T IN LILIEN		21. HOW/IN	UDV OCCUPRI	YES NO		YES [NO [
		G CAUSE OF DEATH	LICUID A A	A. MONTH	DAY YEAR	ZIC. HOW IN	UKT OCCURRI	ED (ENTER NATURE OF INJ	URY IN ITEM I	18 PART I OI	PART 2)		
S		FY MEDICAL EXAMINER)	P.A	۸.	19								
MEDICAL	21d. INJURY O	CCURRED	21e. PLACE C			21f. LOCATIO	4	CITY OR I	OWN	C	YTHUC		STATE
Σ	WHILE AT WORK	NOT WHILE	(AT HOME STRE	EET, FACTORY, OFFI	CE FARM ETC)	Jameet		Cition					317416
		hat MF (this haspita	l) attanded the	docoored fra	- Ma	0/4/0	10.83	Dec.	20	10 8	5	that Man(Limite
		leceosed olive on	Dec	19	Contract of the second	ed that in (, '/	eoth occurred on the	date and I				
	above.	(we) (did) (did not	view the body	ofter death.			our, opinion a	eoni occorred on me	101e 011d f				area
	22b. SIGNA	PE .	0 1	1 115		DEGREE	TENDANO	MEDICAL CT		2	2c. DATE S	SIGNED	10
	OV	lowas	6 4	ell	x.		TENDING HYSICIAN	MEDICAL ST.	CIAN [15	120	18
	22d. PHYSICIA	N'S NAME ITYPE OF	PRINT))	22e ADDRESS	. 1		0	1 /		t	,
	THOI	nAS C	. H.	H	50	Vivis.	Blull	Pord	Si	1,5h	1874	M	1
12. D	LIDIAL CDEALA	TION, REMOVAL	I 22h DATE	12	2. NAME OF C	EMETERY OR C	DEMATORY!	23d LOCATION	, 00	11300	-4	1. 1	(1
	SPECIFY)	NON, REMOVAL	23b DATE		JI. INAME OF C	10	1	CITY OR TOWN		COU	NTY	1	STATE
	BURIA		12-26	-85	GREEN	HIRCE	5	SA1.50:	104	wie			10
4 FU	INERAL DIRECT	OR		ADDRES	is.	,	PATE PATE	REC'D. BY REGISTRA	R 25b. REG	ISTRAR'S	SIGNATI	URE	
(linton	F St	EMME	11/20	FRI S	21:4 M.	47-6	0 1985 9	gria de	widow	72-	1.00	
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within 24 hours ofter

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ATTENDING PHYSICIAN: The low requires that the death

offending physicion

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

	REGISTRAR		CERTIFICATE OF DE	AIH	REG. NO.			
		lliam	Chard	er Dece	DEATH MONTH D	2,1985 6	2117 M	
	Male Male	Black	5. Date of Birth	13 7	2 _{YRS.} ^M	MONTHS DATS	HOURS MIN.	
3	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MA	PRCED Wic	COMICO	OF DEATH	MD.	
1	Salisbury		raddress) General Hosp	TYPE PE WORK	CCUPATION FOR MOST OF WORKING LIFE PEN. TET	12b. KIND OF INDUSTRY	BUSINESS OR der	
			ey. YES . N	O X Box	DDRESS / ZIP CODE	23421	1999	
1	Willia			rinthia	MIDDLE Chance	dler LAST		
5	60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV		urity no. 17. INFORMAN -0421 Regin		Box 542	Parks	Ley, Va	
	PART I. DEATH WAS CAUSE	lly one couse per line for (o), (b), or D BY: [E CAUSE (o)		my stole		BETWEEN ON	ATE INTERVAL ISET AND DEATH	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	gove rise to immediate couse (a), stating the DUETO OR AS A CONSEQUENCE OF A						
	PART 2. OTHER SIGNIFICANT OF LOBELS	CONDITIONS CONTRIBUTING TO FURTHER TO THE TOTAL TO THE TOTAL THE	on Left Log	10 charmes	PSY? 206 FYES, IN CERTIFY	WERE FINDING	SS USED OF DEATH?	
1	OR CONTRIBUTING CAUSE OF DEA	P.M.	PAY YEAR	JRY OCCURRED (ENTER NAT	URE OF INJURY IN ITEM 18 PA	ART I OR PART 2)		
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET		CITY OR FOWN	COUNTY	STATE	
	sow the deceased alive on above, (1) (we) (did) (and to	tol) attended the deceased from		ur) opinion deoth occurred			ot (I) (we) lost	
	22b. SIGNATURE	M Squist	PH	ENDING MEDICAL	STAFF PHYSICIAN	12/12	GNED 1/85	
	22d. PHYSICIAN'S NAME ITYPE O	RPRINT)	27e ADDRESS	PGHMC				
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CR harton	Par	ksley Ac	comack		
-	Kath G. S. Who	arton Accome	ac, Va.2330		GISTRAR 25b. REGISTR	😘	dette "	

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please remove carbonpopers. Paget with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Item 21 is morked or Item 18 shaws ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the

retained by the hospital or attending physician.

TO HOSPITAL

injury, or other troumotic event, the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE

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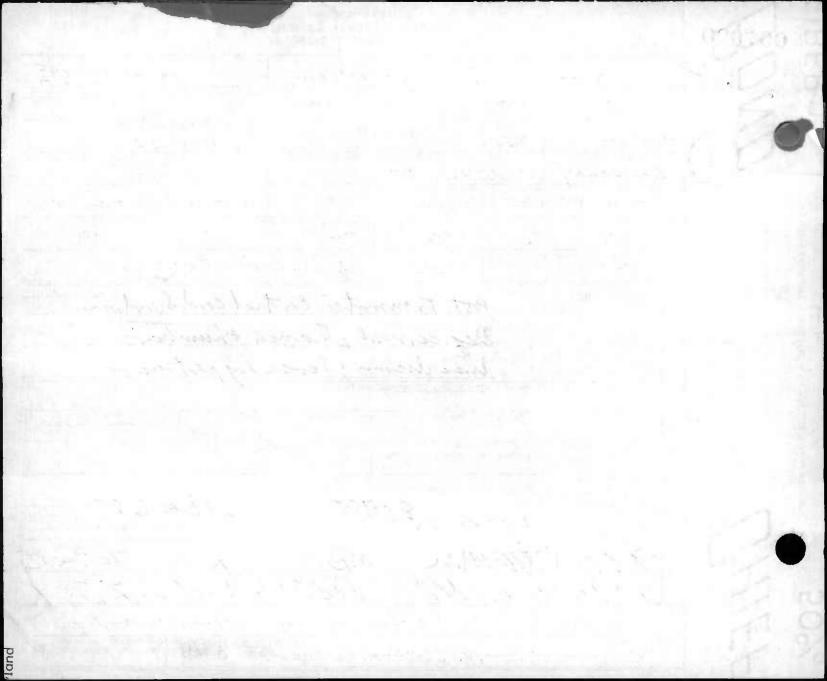
1	REGISTRAR		CERTIFIE	CALE OF DEATH	REG. N	NO.		
	1. DECEASED NAME RUTH			cherepow /	20 DATE OF DEATH	MONTH DAY 12 29	YEAR 85-	26. HOUR 5
1		RACE	S. DATE OF	7011	6 AGE (IN YEARS LAST &	HRTHDAY) IF UND	DER I YEAR	IF UNDER 24 HRS
1	Female	nale White		17 ^{DAY} 1909 ^{FAR}	76	YRS.	S DAYS	HOURS MIN.
2	70 BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH	*
V	New York	U.S.A.	WIDOWED		WICO	mico		MD.
)	SALISBURY	1. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST WICOMICO NUES IN	REET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			F BUSINESS OR
2	USUAL RESIDENCE (IF NURSING HOME OR O' 130. STATE WICOM	THER INSTITUTION, GIVE RESIDENCE BE YICO 130. CITY OR T Salisb	ury		1309E Mi	ddleneck [Orive	21801
1	Donald E	DDLE Willi	ams	15. MOTHER'S MAIDEN NAM Clara	MIDDLE		Rich	h
	160 WAS DECEASED EVER IN U.S. ARMI	WAR OR DATES	1-7296	Linda R. Ch	erepow (Da			
	underlying couse lost.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO			NAL DISEASE OR COM	NDITION GIVEN IN 20b. IF YES, WER	RE FINDIN	IGS USED
	at T				YES NO	YES 🗌		NO 🗌
		HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 O	R PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE FARM, ETC.)	211 EOCATION STREET	CITY OR T	lown co	OUNTY	STATE
	27a L certify that (1) (this hospito saw the deceased alive an above, (1) (we) (did) (did not) 27b. SIGNATURE	29 Der 8	one, one	d that in (my) (our) opinion do	MEDICAL ST	AFF 2	from the c	
	1716 PHYSICIAN'S NAME ITYPE OR	helly	1	PHYSICIAN []	Shue	there	837	mo
	230. BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	W:	INTY A.A	• STATE •
	Cremation	12/30/1985	Salisbur	y Crematory		, Wicomic		
	14 FUNERAL DIRECTOR Holloway Funera	AADDRE	€1: ala.		REC'D. BY REGISTRA	RISS REGISTRAR'S	SIGNATI	URE TOTAL SE
	Holloway Funera	II Home, P.A.,	Salisbury	/, Marylaha 🥙	THIT IS TOO!	7-0		

Holloway Funeral Home, P.A., Salisbury, Maryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detoched for use os the buriol-tronsit permit. Then lateral with the State Dept. of Heolih and Mental Hygiene prior to buring.



	1,	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5	5 3 5 3
002160		STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	VC
of the second	1. DE	CEASED NAME FIRST EOR PRINT) Lether	Marie Christophen 20 DATE OF DEATH MONTH D	9 85 1200 M
nay be poge 3	3. SE		4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		temale.	BIK 1 14 26 39 YRS	
12/3	6	THPLACE (STATE OR FOREIGN, COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED WEVER MARRIED WICOMICO WICOMICO	OF DEATH MD.
Softer is after filed with	1	alisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Peninsula General Hospital 120 USUAL OCCUPATION 170 OF WORK FOR MOST OF WORKING LIFE TO STOCK 170 OF WORK FOR MOST OF WORKING LIFE 170 OF WORK FOR MOST OF WORKING LIFE 170 OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
IAND 212 Inn 24 havi	13a	STATT 136 COU	R OTHER INSPITUTION GIVE RESIDENCE BEFORE ADMISSION]	2/82 Church
子 主 もい 作	14 F.	ATHER'S NAME FIRST	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	C LAST
calexed w	16a	HERMAN WAS DECEASED EVER IN U.S. AI		Cannon
be executed and and and and and and and and and an		YES, NO OR UNKNOWN) (IF YES, GI	VEWAR OR DATES) 215-18-4320 Quintella Scatt Rt#1 Box	
rtificate p physicic an paper emaval.		PART L DEATH WAS CAUSE	nly one couse per hor for a the and is 10 BV. TE CAUSE (a) Cardiopuluma, arrest	BETWEEN CHOILT AND DEATH
ding or r		- I - I - I - I - I - I - I - I - I - I	DUE TO, OR AS A CONSEQUENCE OF	
the death the attend remave co emotion, c		Conditions, if any, which gave rise to immediate could in stating the	(b) reper	
\$ t > 2 5 £		underlying cause last.	DUE TO, OR AS A CONSEQUENCE of Lachuce	
S, 20 uires igne en pli iburi ury, o	N	CINICAL CINERSIGNAL	CONDITIONS CONTRIBUTING TO DEATH BY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION DIVE	N IN PART Lie
beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OF BATTON WAS PERFORMED 206 AUTOPSY? 206 IF YES.	WERE FINDINGS USED TING CAUSES OF DEATH?
	ERTIFI	12/24/85	marine soft furnic arguine 175 - NOSE YES	□ NO □
ON OF VITA HYSICIAN: The ding physicial is certificate burnal-transit Mental Hygie art from 18 sho	,	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH BAY YEAR	
	MEDICAL	214. INJURY OCCURRED	THE PLACE OF BUJURY (AT HOME, STREET FACTORY, OFFICE, FARM, RTC.) THE PLACE OF BUJURY (AT HOME, STREET FACTORY, OFFICE, FARM, RTC.)	COUNTY STATE
DIN or o or o or o se as se as		AT WORK THE AT DODRE	ital attended the deceased from 12/10 to 85 to 12/29 t	9.25 that (ti (we) fast
tra protection of the state of		saw the deceased alive of above, (II (we) (did) (did)		
TAL OR A y the has AL DIRECT AL DIRECT AL DIRECT AL DIRECT AL DIRECT AL DIRECT AL AL DIRECT AL		Walter	wolule WY DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [12/29 (PS
A See E		22d. PHYSICIAN'S NAME TOFFE WALTER	Lischell M.D 220 ADDRESS	
TO HOSI retained TO FUN shauld b with the	23a	BURIAL, CREMATION, REMOVAL		7
BP		Burial	1/4/86 WestPost Office Comto West Post Office	md. Somerst
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME EXS FUNERAL H	250 DATE REC'D. BY REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. PEGISTRAR 256. PE	
(400 15, 4)	0	CK DI WILLIAM PAT	Thesi org. sausony i'm o o oo	A

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	be executed within 24 hours ofter death. Page 4 may be	on on territy filled in by the funeral director, page 3
	death	funeral
	urs often	by the
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	execute	onden
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CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH DECEASED NAME LITYPE OR PRINTI DONALD B. 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) MONTH MALE White 26-05 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** 70 BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED Wicomico WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) Salisbury, MD Peninsula General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136. COUNTY 1136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Wicomico Fruitland P.O. Box 74 Md. YES T 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Joseph Coale ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO 17 INFORMANT 219-01-5422 Mrs. Rosalie Coale - Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NO Hygi 210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF LOWN AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 12 - 24

DIVISION OF VITAL RECORDS, 201

FUNERAL (

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DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Removal 24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME ITYPE OF PRINT

22b. SIGNATURE

23b. DATE 12/25/85

abave, (1) (we) (did) (did nat) view the bady after death

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

MO

22e ADDRESS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> wriside Drive 23d. LOCATION

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

STAFF

COUNTY

STATE

Anatomy Board Balto., Md.

MEDICAL

PHYSICIAN OF DIRECTOR PHYSICIAN

ATTENDING

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c DATE SIGNED

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21826

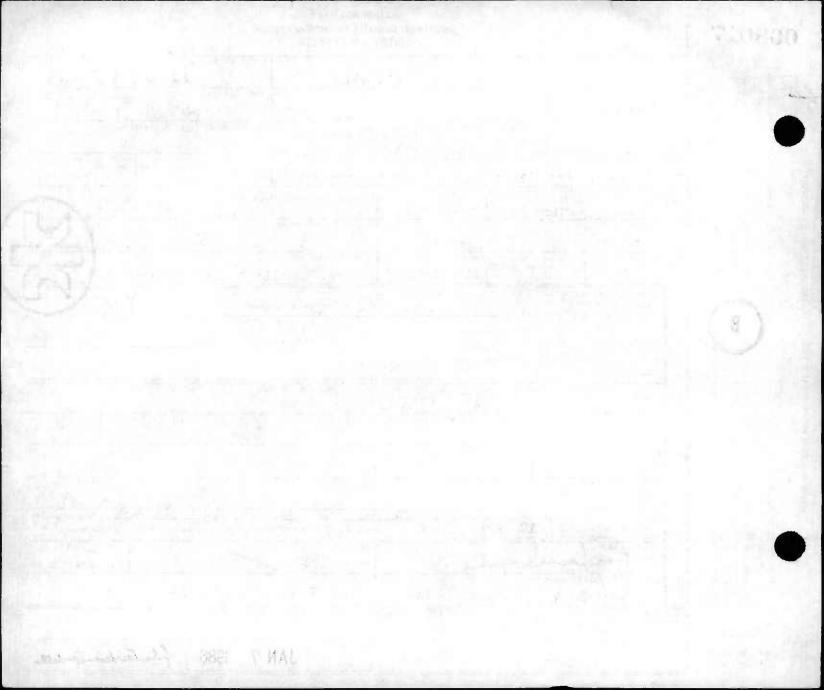
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Hueter

206. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?



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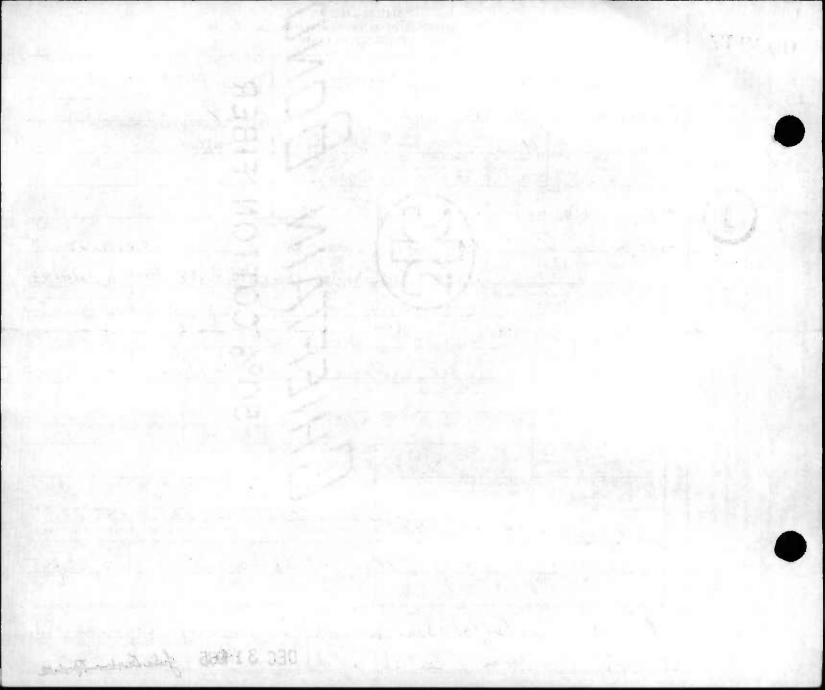
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG	REG. NO.	3 1 0 0
L DE	CEASED NAME FIRST	MIDDLE	LAST		AY YEAR 25 HOUR
	EMI	14	COLLINS	DECEMBER	
3. SE	× 10	211	DATE OF BIRTH MONTH DAY YEAR 1931	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HOURS N
7 To 8	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	ARRIED NEVER MARRIED DOWED DIVORCED	BALTIMORE CITY OR COUNTY Wicomico	OF DEATH
	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HIGH OF HOSPITAL, NURSING HIGH OF HOSPITAL, NURSING HOSPITAL, NURSING HOSPITAL, NURSING HIGH OF HOSPITAL, NURSING HIGH HIGH HIGH OF HOSPITAL, NURSING HIGH HIGH HIGH HIGH HIGH HIGH HIGH H	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS INDUSTRY
		THER INSTITUTION GIVE RESIDENCE BEFORE ADM	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	211.1
41/	ATHER'S NAME FIRST MI	DDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
-	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECURITY VAR OR DATES)	- 11 / / 11.	ADDRESS ADDRESS Hu	-lack Mayes
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (a), (b), and ic	1	1	BETWEEN ONSET AND DE
NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE (b) HE AND TO THE THE TO THE THE TO THE THE TO THE	Failure	al Blading Linal disease or condition give	36 hours
CERTIFICATIO	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ration was performed	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH
9 7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
/ WEDIC	21d. INJURY OCCURRED ILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM,	211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
	220.1 certify that (1) (this hospital saw the deceased alive on above (1)/(we) (did)(did not)	10 /0 -	2/ 7 2 , 19 85 2 , and that in (my) (our) opinion	deoth occurred on the date and hour	9.85., that (I) (we and from the couses state
	22b. SIGNATURE	heyer	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED /
23a.	22d. PHYSICIAN'S NAME (TYPE OR F	V	22e ADDRESS E OF CEMETERY OR CREMATORY	23d LOCATION	1 1
	Baria FUNERAL DIRECTOR	12/28/85 John	Wesley Cent	EREC'D. BY REGISTRANISM. REGISTR	Orches Te- MAR'S SIGNATURE
/B4	tewant Funera	Home Sal	sba-xMd, DE	C 31 1985 Julia	Sevidon Bre

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
		CEASED NAME OR PRINT)	PONA	MALLI	S.	C	SR h	2a. DATE OF D	DECE	h	28.85	DIVIA.
1	3. SE		701414	4 RACE White		5. DATE C	DAY YEAR	6 AGE (IN YEAR		LELET	NDER I YEAR	IF UNDER 24 HRS
2	(RTHPLACE (STATE ORI COUNTRY) Maryland		76 CITIZEN OF V		MARRIE		Wicon	nico			MD
1	Sa	lisbury,	MD	Penins	sula (General	Hospital	12a USUAL OC (TYPE OF WORK FO Preach	OR MOST OF W	ORKING LIFE)	26 KIND OF NDUSTRY Minist	F BUSINESS OR
2	USU/ Illa S	AL RESIDENCE (IF NURS	Some 1	other institution TY Set	13 CITY OF	ield	13d INSIDE CITY LIMITS?	13e STREET AD	DRESS / Z	t. / 2	21817	
2	M. FA	THER'S NAME FIRST Leslie		MIDDLE	Corb		15 MOTHER'S MAIDEN N. FIRST Evelyn		MIDDIE M.		Laird	
2		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		0-2255	Sharon Corb	oin - sar	ADDRESS ne as	13 abo	cde	-11
	ATION	0	mediate ag the last. NIFICANT C	CONDITIONS CO	ONTRIBUTING	153 1	NOT RELATED TO THE TER NETTO PA	MINAL DISEASE (DR CONDIT	Ob. IF YES, W	ERE FINDIN	IGS USED
-	CERTIFICATION	21a ACCIDENT WAS UNI	DERLYING [21b. TIME O	FINJURY		21c HOW INJURY OCCU		100	YES T		OF DEATH?
	MEDICAL C	OR CONTRIBUTING THE EITHER NOTIFY MEDI 21d INJURY OCCUR WHILE NOT WAT WORK NOT WAT 220 I certify that M 5 saw the decess above, (M (we) (I) 22b. SIGNATURE 22d. PHYSICIAN'S N.	CAUSE OF DEA	TH HOUR A. P. 21e PLACE INTHOME STE	M. MONTH M. OF INJURY REET, FACTORY, OF e deceased fr aftec death.	19 53 , 01	211 LOCATION STREET 19 od that in (any) (our) apinion DEGREE	MEDICAL DIRECTOR	on the date STAFF PHYSICIAL	ond hour on	COUNTY 85.	SIGNED
		BURIAL, CREMATION, (SPECIFY) Burial UNERAL DIRECTOR	REMOVAL	23b. DATE 12/31/	185		EMETERY OR CREMATORY idge Cemetery	CIEV OF	field	1 – Sof	mërset	
		Bradshaw	& Sons	- Crid	field,	MD 2	1817		85	what Dav	idsav-1	andelle

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 that Carry injury, or other troumotic event, the

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OR ATTENDING PHYSICIAN The law

TO FUNERAL DIRECTOR. After should be detached for use os with the State Dept. of Health

16 60M 7/84

(VRA 15, 4)

1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	3 5 3 6 3
	ECEASED NAME FIRST	WIDDIE) NVIC	20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
3 SE	Darr	1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24 HRS
	Male	BIK	5- 13-1963	22	MONTHS DAYS HOURS MIN.
3 / 6	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED MIDOWED DIVORCED	Wicomico	UNTY OF DEATH
200	alisbury	11. NAME OF HOSPITAL, NURSIN IN NOT IN SUCH FACILITY, GIVE STREET Peninsula General	NG HOME OR OTHER INSTITUTION ADDRESS TO SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MOST STUDEN	126. KIND OF BUSINESS R INDUSTRY PLEASE EXCLUSION
3 0	STATE COU	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW MACK WATTS VI		13e SOREET ADDRESS / ZIP	CODE 234839999
1 /	Phayles L.	MIDDLE LAST	Marie	Goodwi	ne
	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECU	URITY NO. 17 INFORMANT		20,130x 1229
2	No	230-52-	5109 Jennie L	Davis Pa	SICH WATER OF THE PROPERTY OF
NOIL	Seizuv	Disorder. Hend	DEATH BUT NOT RELATED TO THE TERM		
Z CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	RED (ENTER NATURE OF INJURY IN IT	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased plive or	oitol) ottended the deceosed from		death occurred on the date or	, 19, that (It (we) lost ad hour and from the causes stated
	226. SIGNATURE Charles	2 flagma	DEGREE ATTENDING PHYSICIAN		
1	CHARLES	STEGMAN	PRINCES	SS ANNE	md. 21853
1	BURIAL, CREMATION, REMOVAL	23b. DATE 12-22-85 7	NAME OF CEMETERY OR CREMATORY		1/e COUNTY UA STATE
24 FI	TOWNERAL DIRECTOR TOWNERAL TRUIN	DHA SOL	hes M() DE	C 24 1985 ful	EGISTRAR'S SIGNATURE

Frenced Horse Selishery, MO

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 21201

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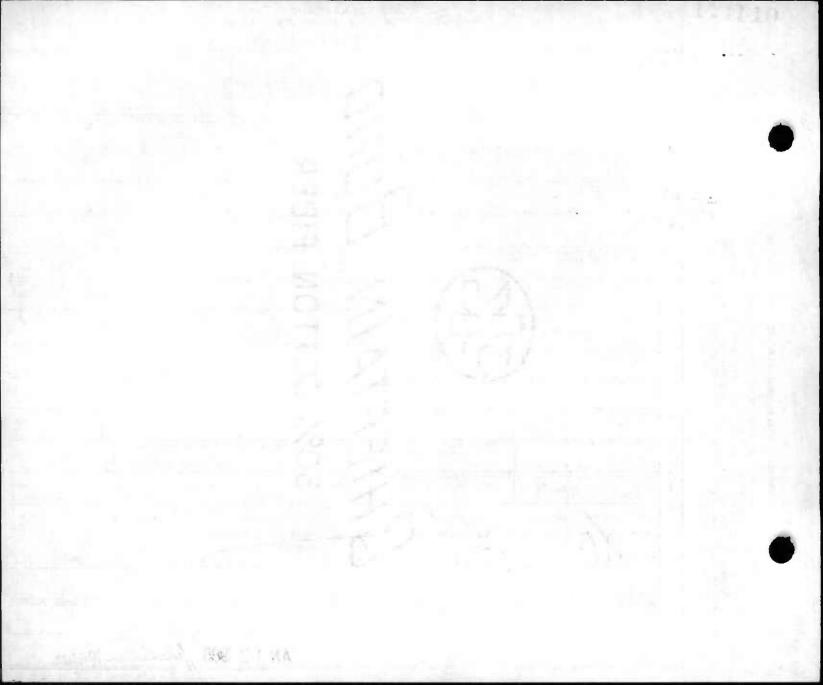
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	STATE REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.	
1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	
1		MILLO	Red DOROTHY DA	-V1-S	DECEMBE	
	3. SEX	Female	1. RACE S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	YRS.
	7s. BH	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARR	ED S NEVER MARRIED	BALTIMORE CITY OR CO	
d	M. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		120 USUAL OCCUPATION	MD. 126. KIND OF BUSINESS OR
1	Sa	lisbury, MD	Peninsula Genera	l Hospital	TOUSEWI	
	13a S	TATE 13b. COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NTY 13, CITY OR TOWN COMICO WILLARDS	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZO	3° 21874
	14 FA	THER'S NAME	DAISCY	AMANO	MIDDLE	PRUIT
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO. REWAR OR DATES) REWARD FORCES?	5 CAPLES	3. DAVIS S	ee Sec 13
		18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), and (c).)		65.5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
١		IMMEDIA	TE CAUSE (O)	JORY AIKA	631	
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF		eniA	
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
		underlying cause last.	1 SHY- DRA	PLEIC'S SY	NBRIME	
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART 110
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	on was performed	20a AUTOPSY? 20i	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	- HOLLE ALL MONITH BANK WELL	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2}
I	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED	P.M. 19 21e PLACE OF INJURY	211. LOCATION		
	ME	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)	STREET	CITY OR TOWN	COUNTY STATE
			ital) attended the deceased from	/-FI 19		19 85, that (I) (we) last
1		sow the deceased alive an obove, (1) (we) (did) (did no	at) view the bady after death.	ond that in (my) (our) apinian o	death occurred on the date of	and hour and from the causes stated
		22b. SIGNATURE	1 11	DEGREE	. MEDICAL STAFF	224. DATE SIGNED
		William	1 Kars	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	12/7/58.
	14	22d PHYSICIAN'S NAME ITYPE	1	22e ADDRESS	D	ALKOHOL MI ALT
	23a. B	URIAL CREMATION, REMOVAL	ROBINS M.D.	CEMETERS OR CREMATORS	IZ36 DOCATION	ALISBURY, 17/10. 21801
Ŋ	1	BURIAL	12/10/1985 Pitt	sville, mo	Pillsvill	e Wic Mo
	B	A CONTROLLA	Has SALISONDUM	MA BEE	REC'D. BY REGISTRAR 25b	REGISTRAR'S SIGNATURE
A					- 4	

SV Test To the training the same - 1 St a - D & The and I see a continue of sundant for the and 44 Lat Franker Parish Parish THE PLANT OF CHAIN COMMENTS OF THE STATE of the s

0.5	14171	It 1-	ems 1/10/86 mth		STATE OF PARTMENT OF HEALT		DEATH	5 3 6 4
_			REGISTRAR CEASED NAME FIRST E OR PRINT)	MI	DDLE	LAST	20 DATE KNOWNXX MOR	NITH DAY YEAR 26 HOUR
	교육자동만		Hollor	wood		eal, Jr.	DEATH MATED []	2-29 1985 M
	A PEG	1. SE)		5. DATE OF BIRTH	YEAR (AST BIRTHDAY) MON	NDER I YR. IF UNDER 24	PRONOLINCED	2-29 1985 P. M
4	AND SELECT		Male Black	76 CITIZEN OF WHAT	COUNTRY? Is		9 BALTIMORE CITY OR CO	
	品品を重要	FC	REIGN COUNTRY)		MARE	RIED NEVER MARRIED	- ×	
•	25003	Sa	alisbury	U.S.A.	AL, NURSING HOME, OR OTH	WED DIVORCED	Wicomico CO 20 USUAL OCCUPATION (TYPE OF WO	1110
	三年の書 2			(IF NOT IN SUCH FACILITY	(, GIVE STREET ADDRESS)	6.0	FOR MOST OF WORKING LIFE)	OR INDUSTRY
	300 16/9		Quantico	- Rt. 352	west of Rt.	349		
21201	ANY AND STATE		L RESIDENCE (IF IN NURSING HOME 136 COUN WIC	ITY 13	SIDENCE BEFORE ADMISSION) COLLY OR TOWN Salisbury		3e. STREET ADDRESS P.O. Box 88 Quan	21856
9	- NEW 2	14 E	THEP'S NAME			15 MOTHER'S MAIDEN		LAST
3	20 20		Hollowood Jame	es Deal, Sr	LAST	Lisa	Gaye	Carson
- Q	00-5-00 O	160. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	S SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	21856
5	SOS SOS	(1	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		Liga Cargo	n Deal P.O. Box	
5	SOFE A	⊨	TIA CALISS OF DEATH (5.			THIS CALSO	il Deal F.O. Box	APPROXIMATE INTERVAL
15	MAT WELL		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	D RY.				BETWEEN ONSET AND DEATH
PRESTONS	AN SERVICE AN	_	8999 MMEDIA	IL CAUSE (U)	moke Inhalatio	on		
15	NA SES	1	0 /0		A CONSEQUENCE OF			
D.	FERNAME		Canditians, if any, which gave rise to immediate					
≥	AN HAO		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS	A CONSEQUENCE OF			
8	NOW HON		Tyling coose last.	(c)				
50	BOARAA		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	IOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART	1 (g);	
ő	SA	3						
DIVISION OF VITAL RECORDS, 201	HOULD BE DOND WED WHEN WED CHIEF MEDICAL OF HEALTH	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?
IAI	A SHE ST	FFC	CONTRACTOR AND					YES NOXX
2	0000000	E	210 EXTERNAL CAUSE WAS	216. TIME OF IN.	IURY ZICH	IOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 C	
0	SHEPE 1		UNDERLYING XXOR		ONTH DAY YEAR			
S	ERTIFICATE ING THE WED TO THE SAHOULD BEPARTMEN	MEDICAL	CONTRIBUTING CAUSE OF		12-29 19 85 S	ubject recov	ered from house	fire
<u>></u>	CE SOEE SOEE SOEE SOEE SOEE SOEE SOEE SO	ME	WHILE AT WORK AT WORK		FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	A A A A A A A A A A A A A A A A A A A		AT WORK AT WORK	House	Rt	352 west	of Rt. 349, Quant	
	L EXAMINER: E CERTIFICATE, DULD BE FORV L DIRECTOR: H, WITH THE MARTIAND		22a. I certify that I took chart	ge of the remains describ	ed oblive, held on Auto	psy , Inspection	XX Inquiry , and in m	Co., Md.
	MIN BE F		death resulted from Natu	ral couses A	Ment X South to	Hamicide .	Undetermined manner .	
	ARIA ARIA	1	11/2	N HZI	1. 1h	TITLE (SPECIFY)		
	H H OF H	,	SIGNATURE CELL	ut XD	und nom	Assistant		ATE 12-30-85
	SER SE		237 (231) 129 (231)	0,00			=MEDICAL EXAMINATE SI	51460
	A STATE OF S		(TYPE OR PRINT) De	nnis F. Smy	th, M.D.	ADDRESS 111 Pe	enn St., Balto.,	Md. 21201
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFFER DEATH, WID BATTMORE, MARY	23a.B	JRIAL CREMATION REMOVAL	Total Control of the	23c. NAME OF CEMETERY C		23d. LOCATION	
07.0		(:	Burial	1/4/86	Green Ackes		Salisbury, Md.	COUNTY STATE
07/84 25M	BP	24 F	JNERAL DIRECTOR		T Green Ackes		C'D. BY REGISTRAR 256 REGISTRAF	R'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))		Fook Funeral	ADDRESS	MA MA	JAN 1		Son-Randese
	(48 412 1415 (2))		rook runeral	HOME SATIST	outy, Ma.	I NUM	O HOUSE	sorv-Mariates



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWNXX HINOM (TYPE OR PRINT) ESTI-FILES. Joshua DEATH MATED 12-29 10 85 Α. Deal 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 5:55 p. M FOR YOUR WITHIN 72 HI YEAR HOURS PRONOUNCED 1985 3 12 85 Th. CITIZEN OF WHAT COUNTRY? Male Black DEAD 79 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Salisburv WIDOWED DIVORCED Wicomico County, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Rt. 352 west of Rt. 349 Ouantico USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Wico. Salisbury Md.P.O. Box 88 Quantico Md. 21856 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST LAST Hollowood James Dea 1 Lisa Gave Carson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 21856 IYES, NO. OR UNKNOWN) DIVISI Lisa Carson Deal P.O. Box 88 Quantico Md 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR ARGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 2) 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke Inhalation IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 102 CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? КХОИ 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 12-29 1985 subject recovered from house fire 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN House Rt. 352 west of Rt. 349, Quantico, Wicomico 22a. I certify that Litpok charge af the remains described above, held on Inspection XX Autopsy Undetermined manner death resulted fram Natural causes cident TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 12-30-85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 1/4/86 Green Ackes Mem. Pk. Burial 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Fook Funeral Home Salisbury Tilia Davidson-Randale (VR A15 ME (5))

STATE OF MARYLAND

1/10/86 mtb F#612

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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			WIDDLE	LAST	20 DATE OF DEATH MONTH	128.110011
death	2.05					7 M
urs after		Male	White	MONTH DAY YEAR November 22 1907	78 YR	MONTHS DATS HOURS MIN.
72 ha	let Bi	RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIED NEVER MARRIED		
	10. C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
ALI	1/s	alisbury			61 / 0 / 10	ter U.S. Dostal Se
4			NTY 13c CITY OF TOW	VN . 134. INSIDE CITY LIMITS?		DDE 23-40-19999
d 2 s	14 FA					LAST
o ex	1 - STATE REGISTRAR REGISTRAT REGISTRAR REGISTRAT REGISTRAR REGIST					
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moval.		PART I. DEATH WAS CAUSE	ED 8Y: 1 1.	- 10-	etonach	
arbai ar rei		IMMEDIA			a particular and a second	
ation, roum			1			
athert	3	cause (a), stating the		ENCE OF		
ijury, ar	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
prior	CATIC	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
Hygiene 18 shows	RTIFI				YES NO	YES NO
		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
ō	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
mark			nal) attended the deceased from.	11/6 19.85		. 19 6 that (1) (ve) ast
21 15		saw the decrased alive ar abave (A (vg) (did) (did no	at view the bady after death.	and that in (my) (aur) apınıan	death occurred on the date and	haur and from the causes stated
. If hem		22b. SIGNATURE	- a 160	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12 LATE SIGNED
with the State		224 PHYSICIAN'S NAME THE	DR PRINT)	- 22e ADDRESS	_ DIALCTOR PHISICIAN	
With 1		In Ja Hwang,			Center, Salish	oury Md.21801
_	230	SURIAL, CREMATION, REMOVAL	123b. DATE 1236 D	owning Cometer	23d LOCATION OVERTOWN ORK Hall	Learnack es la
)M 7/84	24. FU	UNERAL DIRECTOR	For Folder		E REC D. BY REGISTRARIZES, NEC	STRAPS SIGNATURE
, 4)		aunx	Tanser	unceville of	- There	Promitetre . Blacksdoor

DHMH - 16 60M 7/84 (VRA 15, 4)

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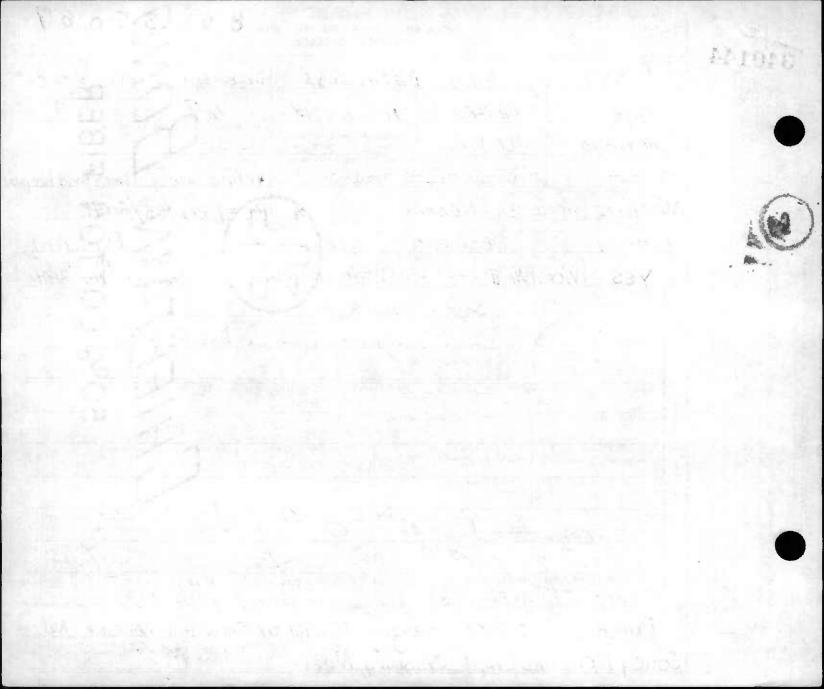
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1 DECEMBED NAME OF THE PROPERTY OF THE PROPE

85 35867

REGISTRAR		CERTIFICATE	OF DEATH	REG. N	0.		
1. DECEASED NAME	FIRST MIDDLE	LAST		20. DATE OF DEATH		Y YEAR	2b. HOUR
MCA	inley John	DESHIE	= 4.15	DECEMBE	2.1.1	985	5:45 AM
1 SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIT			IF UNDER 24 HRS
MAIE	NEGRO	MONTH 9	1 18	67	YRS	NIHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FO	PREIGN 76 CITIZEN OF WHAT COUNT	TRY? 8.	VER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
NUARYLAND	U.J.H.	WIDOWED	DIVORCED [MD.
V	(INOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)				INDUSTRY	BUSINESS OR
			al .	Yetired-01	dely	Deer's t	tead Hospit
MARYLAND			IDE CITY LIMITS?	RT #1. BO	X 135	121841	
FATHER'S NAME	MIDDLE LAST	15 MOT	HER'S MAIDEN NAM		,	7 LAST	
MARRY	DEShie	d	LOIA	Marine Contract		DUN	10an
(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? 166 SOCIALS				ESS Rt. #	, Box	135
yes	WORLD WAY IL 020-	12-1131 EVA	t Desniel	<u>ds</u>	NewAR	فاختلك اسبحت	21841
PART I. DEATH WA	AS CAUSED BY:	Shock				BETWEEN O	NSET AND DEATH
ls I I I		- OHOLI					
Canditions, if any,	. /// .	Lum phoen	tri Leuke	mia Diobei	es Nells	tis	
		1. 1					
underlying cause	lost (c)					115/	
	IFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	NIN PART 110	5 7 7 6
1001							
190 DATE OF OPERAT	ON 196. CONDITION FOR WE	TICH OPERATION WAS P	ERFORMED	20a AUTOPSY?			
ACCIDENT WAS UNIO	COLUMN CO	In. Ho	WALLED OCCUPA	YES NO			NO []
00.00		DAY YEAR	IN INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	T I OR PART ?)	
(IF EITHER NOTIFY MEDIC		19	CATION				
HILL NOT WHI	(AT HOME STREET, FACTORY OF		STREET	CITY OR TO	WN	COUNTY	STATE
-		om Dec		to_ Dec	. 19	83,	hat (1) (we) lost
saw the decease	dive an de	19, and that in	(my)(our) opinian d	death occurred an the d	ote and hour c	ind from the c	ouses stated
226 SUGNATURE	0111	DEGREE		/		Th. DATES	ENGO
Wat	19. all	CIM C				14/1	/12
22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	22e AD	DRESS 1300	5. NIV	ISIUM	57	
DESTRICTION OF DEATH WOUND DESTREE AND SHEET A							
230 BURIAL, CREMATION, F	DESCRIBE NAME 190.1 OCKING OF DEATH OCKING OF DEATH OCKING OF DEATH OCKING OF DEATH OCKING OF OCCING OF SERTH OCKING OF WHAT COUNTRY BERTHACE 1/441 0410011001 DESCRIBER IN U.S. DATE OF BRITH WOONED DOOR OF OTHER INSTITUTION OTHER STATE OF MORE TO THE CHIZENS OF MORE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE CHIZENS OF DATE OF MORE TO THE CHIZENS OF DATE OF MORE TO THE CHIZENS OF DATE OF MORE TO THE CHIZENS OF T						
MAINEMAL	12-7-85	MIENDSHIP U	100 97 07	4	III WO	rcester	Md.
T NAME A AA	ADDRI	Ess Jersey &	POE	SKEC'D, BY REGISTRAR	Ob. REGISTRA	HOAM M	IRE MARCALLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

10 FUNERAL DRECTOR, should be detoched for use with the State Dept. of Hea WPDRTANT, if them 21 x m



executed within 24 haurs after

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

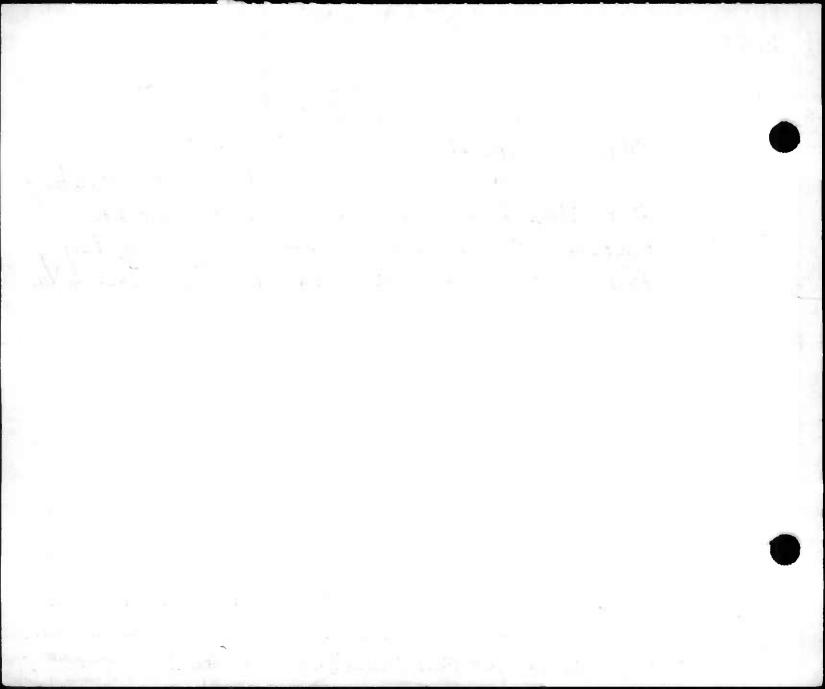
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RE	G.	NO

			CEKTIFIC			REG. N	10 .		
1. DECEASED NAME	FIRST	MIDDLE	LAS	ī		20. DATE OF DEATH	MONTH (DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Prisci	1110	Drv	den			12 14	85	12
3. SEX	1113C1		5. DATE OF			6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24
8			MONTH	15	2 9	56	7	MONTHS DAYS	HOURS A
female		legro		19	47	1.	YRS.	OF DEATH	
II. BIRTHPLACE (STA	TE OR FOREIGN 76. C	TITIZEN OF WHAT COUNT	MARRIED	☐ NEVER M.	ARRIED 💢	9. BALTIMORE CITY		OF DEATH	
. Md.		(1.2.H.	WIDOWED	DIV	ORCED 🗌	Wicomi			
IO CITY OR TOWN O		NAME OF HOSPITAL, NUI		OTHER INSTI	TUTION	12a. USUAL OCCUPAT			F BUSINESS
Salisbury		eer's Head				Labor	Rr	Fa	e-tor
SUAL RESIDENCE	F NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BE	EFORE ADMISSION)			· CTREET ADDRESS	/ 710 CODE	21	X
3a. STATEM	IBB. COUNTY	13t, CITY OR T	OWN	13d. INSIDE CIT	NO 🗌	13e STREET ADDRESS	/ ZIP CODE	37	00/
A FATHER'S NAME	LYCYCE	SEC FOCOL	noke	YES X		1674 C	edar	37.	
7 IRST	MIDDE	LELAST	E		IRST /	WIDDLE		1/1/1	ST
riet	cher	1. Dryo	len	De	rtha		<i>-</i>	10/016	20
160 WAS DECEASED			ECURITY NO.	17 INFORMAN	1 /	1 80	Br. 30	35	11 11
IVO	(TES, OTC 1111	- 213-2:	2-5582	Berto	ha C	orbin To	more	mervi	lk. Vo
LI CAUSE OF	DEATH (Enter poly or	ne couse per line far (a), (b)	and (c)				7		IMATE INTERVA
PART I. DE A	TH WAS CAUSED BY	C4-1. TI	Pur	Min and	NA 07	CANIX		0	ONSET AND DE
	IMMEDIATE CA	AUSE (0) 17647 10	(4	ano	- y	Cevoir		-	
		DUE TO, OR AS A CONSE	QUENCE OF						
Conditions, if	ony, which	(b)						1	
		(0)							
cause (a),	immediate		OUENCE OF						
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cause (a), underlying	s immediate stating the couse last.	DUE TO, OR AS A CONSE		OT RELATED	TO THE TERM	NAL DISEASE OR COL	NDITION GIV	EN IN PART 1	0
cause (a), underlying	s immediate stating the couse last.			4OT RELATED	TO THE TERM	NAL DISEASE OR COI	NDITION GIV	EN IN PART 11	o
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cause (a), underlying	s immediate stating the cause last.	DUE TO, OR AS A CONSE	TO DEATH BUT N			20m AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED
cause (a), underlying	o immediate stating the couse last.	DUE TO, OR AS A CONSE (c) DITIONS CONTRIBUTING 19b. CONDITION FOR WH	TO DEATH BUT N	WAS PERFOR	RMED	200 AUTOPSY? YES	20b. IF YES IN CERTIF YE	, WERE FINDII YING CAUSES S []	NGS USED
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DHMH - 16 50M 4/8 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transment. Then a lose remave corban papers. Page with the State Dept. of Health and Mental Hygern, promite to undil, cremation, or remaval.



Internal director, page 3

AND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

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OR ATTENDING PHYSICIAN: The low

retained by the hospital or

TO HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	Ο.		
	CEASED NAME FIRST GIEN	MORE	Di	-CGu	20. DATE OF DEATH	MONTH DAY	1985	b HOUR
3. SE.	× ×	14 RACE	5. DATE OF	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	-	IF UNDER 24 H
3. 50.	M	BLK	MONTH	DAY YEAR	105			HOURS MI
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	V2 8	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
1	SNOW HILL	USA	WIDOWE		Wice	mico		
5	HLISbury	11. NAME OF HOSPITAL, NURS (IP NOT IN SUCH FACILITY, GIVE STRE		ROTHER INSTITUTION	120 USUAL OCCUPATE		126 KIND OF INDUSTRY	BUSINESS
USU, 130. S	AL RESIDENCE (IF NURSING HOME OF STATE /3b. COL			13d INSIDE CITY LIMITS? YES NO 💆	13e STREET ADDRESS	ZIP CODE	218.	50
14. FA	ATHER'S NAME	DUFF.	4	15. MOTHER'S MAIDEN NA	1e MIODLE	TAY	LOR	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC 114-32	-5266	Comformant Comfort S. D.	UFFY SA	ne As	460V	e
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	O DEATH BUT P		MINAL DISEASE OR CONI		IN PART 11a	35 LISED
TEC	DATE OF OPERATION	THE CONDITION TO K WITH	, IT OF ENATION	T WAS FERT ORMED	YES NO		IG CAUSES C	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH ER) P.M. 21e. PLACE OF INJURY	19	21c HOW INJURY OCCUR			OR PART 2]	STATE
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	sow the deceased alwe above, (I) (we) (did) (did)	ottol) ottended the deceosed from 19	8 5. and	that (my) our) apinion	death occurred an the do	te and hour or	nd from the co	
	22b. SIGNATURE	(33.112.1.	n	ATTENDING PHYSICIAN (MEDICAL STAF		122c. DATE SI	ISNED
1	22d. PHY ICU N'S NAME (TYPE	OR PRINT!		22e ADDRESS	_ ,,,,,,,,,			
	BURIAL, CREMATION, REMOVA	12-8 - 85 23	CHAME OF CE	METERY OR CREMATORY	ch WHITON RO	1- SNOW H	ill-Wor	C. M
24 F	UNERAL DIRECTOR	ial Chapel ADDRESS	Rt #3	JErsey Ru 250. DA	TE REC'D. BY REGISTRAP	25b. P. GOTRA	A SHALL	A SHOP

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or removal.

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Fig. 4 Page 17 Page

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

06054	<i>y</i> -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE O D	3 2	3 0	1 0
S sorth		CEASED NAME EIRST OR PRINT) GER	TRUDE	JONES	20	LNCAN		BER 30	YEAR 1985	26 HOUR
sctar, page	3. SE:	Female	4 RACE Whit	e	5. DATE O	19, 1905 YEAR	6 AGE (IN YEARS LAST BIRTH		DER I YEAR	IF UNDER 24 HRS
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S offer o	Sa	lisbury, MD	(IF NOT IN SU	chfacility, give street sula Ger	neral	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife		b. KIND O	BUSINESSO
o de la companya de l	Ma	aryland Har	OR OTHER INSTITUTION UNITY	JULE RESIDENCE BEFORE 13c. CITY OR TOW Bel Ai:	N J	13d INSIDE CITY LIMITS? YES NOX	13. STREET ADDRESS / 2006 Highla	zip code ind Aven	ue	21014
ompletely on the completely on the control of the c	/	Allen -	MIDDLE	Jones		15 MOTHER'S MAIDEN NA/ Bell	MIDDLE		Adams	
Page (VAS DECEASED EVER IN U.S. VES, NO OR UNKNOWN) (1E YES	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU 214-74-2		Jay D. Duncar	n, 2004 High			al Air,
physical phy		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only ane cause pe ISED BY: IATE CAUSE (o)	er line for ray (b), and	lu	& Febru	alst		BETWEEN O	NATE INTERVAL NSET AND DEATH
hat the death ce by the attendin ose remove carb I, cremotion, or r other troumotic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	DR AS A CONSEQUE	NCE OF	Carley Ca	el Deallon	On.	Ge,	
equires to signed. Then ple to buria injury, or	NOI	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	Inal disease or cond	ITION GIVEN IN	PART 110	
he law r Ian. hos bee it permit. iene pria	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YES, WE IN CERTIFYING YES []		
SICIAN: 1 ig physic entificote rial-trons entol Hyg		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIEY MEDICAL EXAM)	DEATH HOUR A	DF INJURY I.M. MONTH DA I.M.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I (OR PART 2)	
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spital or CTOR: A for use of Heolt		the I certify that it this ha new the decount alone obove, (I) (we) (did) (did	The second secon	1.14	, on	d that in (my) (our) opinion of	deoth occurred on the dot			hat (((we) lo auses stated
by the hore ERAL DIRECT Store Dept.		22b. SIGNATURE	h	Sofu		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		120 DATE S	IGNED /3c/8
retoined by tretoined by to TO FUNERAL should be det with the Store			GREEN,			Locust & Qui		BALISBU	ey, 1	nd-
BP		BURIAL, CREMATION, REMOV SPECIFY) Burial	Jan.3			e Baptist Cem	23d LOCATION CITYOR TOWN ettery, Bel /	ir Har	ford	Md.
OHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR NAME Ward K. McComa	s III, A	ADDRESS		25a DAT	E REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S	SIGNATU	

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please resumit the State Dept. of Health and Mental Hygiene prior to burial crem. WPORTANT: If hem 21 is marked or hem 18 shows only mjury, or other

DHMH - 16 50M 4/83 (VRA 15, 4)

ATTENDING PHYSICIAN, The supplici or otherwing physician.

be executed within 24 hours ofter

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	3	5	3	1	
DEC NO					

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	Ю.		
	CEASED NAME	FIRST		MIDDLE	ı	AST .			DAY YEAR	2b. HOUR
{ 1 TPE	CORPRINT)	Cle	veland	DU	RHAM		December :	29. 19	85	8.057
3. SE	X		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER TYEAR	IF UNDER 24 H
1	male		whi	te	Septe	mber 27, 1922	63	YRS.	AONTHS DAYS	HOURS
	IRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D MEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
	Maryland		US	SA	WIDOWE		Wicomic)		
	ITY OR TOWN OF D		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12g USUAL OCCUPAT	ION	126. KIND OF	
Sa	lisbury			Head Cen			retired-			Bake
U5U.	AL RESIDENCE (# NU	RSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?				
4	aryland		omico	Salisb		YES X NO	831 S. D	ivisi	ion St.	218
	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME			
	George		MIDDLE	Durham		Savann	ah		Out	ten
	WAS DECEASED EVE	R IN U.S. A		16b. SOCIAL SECU		17 INFORMANT		ESSC hur	ch Str	
	YES, NO OR UNKNOWN)	(IF YES, G	W2	215-20-	1052	Harry Earl	v Salisbu	rv. N	Id. 21	801
				line for (o), (b), one			, ~arrow			ATE INTERVAL
	PART I. DEATH	WAS CAUS	ED BY	A12h		nets d	12 cari		Between	VISET AND DES
		IMMEDIA	TE CAUSE (o)	1) 14-11						
			DUE TO, O	r as a conseque	NCE OF					
	Canditions, if or		(b)							
	gove rise to in couse (a), star)							
	underlying cau		DUE TO, O	r as a conseque	NCE OF					
			(c)							
z	PART 2 OTHER SK	GNIFICANT	A	4 4	DEATH BUT	NOT RELATED TO THE TERM	4	DITION GIVE	EN IN PART Ito	
CERTIFICATION			- A-	Lation		Ine am		Taki ta visa		
CA	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDING YING CAUSES O	
F							YES NO	YES	S 🔲	NO 🗌
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CAL	OR CONTRIBUTING	,	AIR	M. MOITH BY	19					
MEDIC	21d. INJURY OCCU	RRED	21e. PLACE			211 LOCATION	CITY OR TO	MM	COUNTY	STATE
Σ	WHILE NOT	WHILE	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC	STREET	CITORIC	19914	0000	SIRIL
	22a. I certify that		nital) attended th	e deceased from	R	34 1085	10 17-20	1	10 8 1	not (I) (we)
	saw the dece		3 \	29 19	1 0	nd that in (my) (aur) apinian	death occurred on the d	ate and haur	- 1	
	obove, (I) (we)	(did) (did n	ot) view the body	alter deoth.	_	DEGREE				
	AR SIGNATURE	1), (100	× 1	2	ATTENDING	MEDICAL STA	FF 1/	22c. DATE S	-) G
		n	1000	MIL		PHYSICIAN [DIRECTOR PHYSE		1/3	-4/
	22d. PHYSICIAN'S	AME (TYPE	OR PRINT)			22e ADDRESS				
	Kyung	Ook,	Yoon M.D	•		Deer's Head	Center, Sa.	Lisb r	y, Md.	2180
	BURIAL, CREMATION				NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Burial		10/01	100	13 20	Dandina G	CITY OR TOWN	, W.	rceste	STATE
24 EI	UNERAL DIRECTOR		1146/31	102 II	'irst	Bantist Ce	POCOMO E REC'D. BY REGISTRAF	17 DECIST	PAP'S SIGNIATIO	er Mo
		22.0	_	ADDRESS		HAN	2 109S		evidon R	NL O
-	CALL	Melo	er I	ocomoke	Cit	Wa Pall		Druge 1	ANTECON K	MARIAN.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Per with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the mater than the properties of them 18 shows any injury, or ather traumatic event, the mater than the properties of the requires that the death certificate be ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. TO HOSPITAL

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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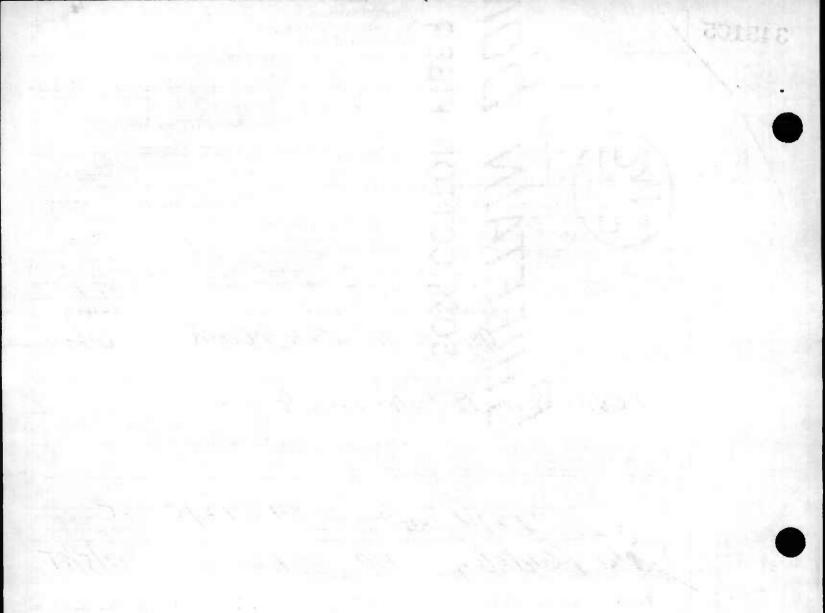
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1	/	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
/		CEASED NAME FIRS OR PRINT) Mildred		MIDDLE	E	lliot	20 DATE OF DEATH MO	BER 11, 1955	26 HOUR 1335PM
1	3. SEX	Female	4. RACE White		Dece	ember 21,1903	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	HOURS MIN.
	Or	RTHPLACE (STATE OR FOREIGH d Nebraska	U.S.		WIDOWE		9 BALTIMORE CITY OR WICOMICO		MD.
1	Sa	TY OR TOWN OF DEATH	Penins	sula Gener	al H	or other institution ospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Inventory		BUSINESS OR
1	Mo	,	OME OR OTHER INSTITUTION.	Salisbury	1		130 S. Div	vision Street	21801
		THER'S NAME FIRST Ezra	MIDDLE H.	Rogers		Ethel	MIDDLE	Davenpo	
	16a W	(15 YOOR UNKNOWN)	S. ARMED FORCES? ES. GIVE WAR OR DATES)	523-09-84		1500 S. Divi	. Evelyn 🖰 Ei sion Street, S	alisbury, Md.	21801
	N	Conditions, if any, whice gove rise to immediate couse (a), stating the underlying couse loss	DUE TO, O the he h	RAS A CONSEQUE	NCE OF			TION GIVEN IN PART I 10	
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS USED OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEXA 21d. INJURY OCCURRED	OF DEATH HOUR A. AMINER) P. 21e. PLACE	M. MONTH DA M. OFINJURY	19	216. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY I		STATE
	W	while at work 220.1 certify that (1) (this sow the deceased ali	hospital) attended the	19 8	13	nd that in (my) (our) opinion of		, 19 <u>\$5-</u> , th	hot (I) (we) lost
		obove, (I) (we) (did) (d	TYPE OR PRINT)	m D		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA		IGNED .
		URIAL, CREMATION, REMO SPECIFY) Burial	OVAL 23b. DATE	23c. N		Rtsof CIVIC AS EMETERY OR CREMATORY ill Memory Gar	dens Hebron	Wicomico	Maryland
		ineral director	ral Home, I	P.A. Salis	burv.		E REC'D. BY REGISTRAR 25	B. REGISTRAR'S SIGNATU	RE Mandalas

STATE OF MARYLAND

1		CEASED NAME Yest		MIDDLE		LAST	REG. NO		YEAR 2	h HOUR
1	11799	ADDITION	ETTTOM	m						
	3. SE	x ARTHUR	ELLIOT		5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT	12-5-	85 UNDER I YEAR T	1:50
		Male	Whi	te	MONT	H DAY YEAR	85	MOM		OURS A
ny	7a. B	IRTHPLACE TETATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OF	YRS.	FDEATH	
X	N	Maryland L	J.S.A.	531	MARRIE	ED NEVER MARRIED DIVORCED	WICOMICO C		o LATT	
	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON	12b KIND OF I	BUSINESS
W		ALISBURY		URY NURSIN		ME	Salesman		House	ehold
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU Maryland Wic		13c CITY OR TOWN Salisbury	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 401 Byrd	ZIP CODE Street	2	1801
2/	14. FA	Isaac David	MIDDLE Ellic	e LAST		15. MOTHER'S MAIDEN NA	ME Cather	ine	Fig	gs
1		WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	RITY NO.		maine Scarb	orough		
/	L.	No No	INE MAK OK DVIEZI	164-10-72	274A	225 Chestn	rmaine Scarb ut Way, Salis	bury, N	Paryland	218
		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS	nly one couse pe	r line for tal	10-111	Maria de la companya della companya			APPROXIMA BETWEEN COS	E HITTOYA
			ED BY:	resolved	46	11 W 6/5/1			100	Ce.
		I/WWEDIA	TE CHOSE TO		-		-			-
					47. 1	/ ///				
		MAGNESS LICENT MISSE	DUE TO: C	SONSEQUE	ALE OF	. I aller	Grenzen		ca	1
		Conditions, if any, which	DUE TO: C	Denaa	2	ed allero	Sclusis	= _1	an	6.
		Conditions, if any, which gave rise to immediate couse (a), stating the	(b)_d	AS A CONSEQUE	NCE OF	ed allen	Sclassis		gu	6.
		gove rise to immediate	(b)_d	OR AS A CONSEQUE	NCE OF	ed alken	Sclaris		gra	6.
		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO C	14 (2012)		ed alkno	Sclusers		gri	٤.
	NO	gave rise to immediate cause (a) stating the	DUE TO C	14 (2012)		NOT RELATED TO THE TEN	SCLUDIS	DITION GIVEN	IN PART 1 o	٤.
	ATION	gave rise to immediate cause of stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ASCVO ~	DUE TO CONDITIONS CONDITIONS CONDITIONS	ONTRIBUTING TOD	CATH BUT	e Lung to	secre-			٤.
G	HCATION	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO CONDITIONS CONDITIONS CONDITIONS	ONTRIBUTING TOD	CATH BUT	NOT RELATED TO THE TEN	INAL DISEASE OR COND SELLO 200 AUTOPSY?	20b. IF YES, W	IN PART 1 0	
9	RTIFICATION	gave rise to immediate cause of stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ASCVO ~	DUE TO CONDITIONS CONDITIONS CONDITIONS	ONTRIBUTING TOD	CATH BUT	e Lung to	secre-	20b. IF YES, W	ERE FINDING	
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION THE ACCOUNT WAS UNDERSTRING [CONDITIONS	ONTRIBUTING TO D	CEATH BUT	e Lung to	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [ERE FINDING IG CAUSES OI	DEATH?
99	CERT	DATE OF OPERATION THE ACCEPT WAS UNDERSTORD CAUSE OF DE	CONDITIONS	ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D	DEATH BUT	E LING H	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [ERE FINDING IG CAUSES OI	DEATH?
99	CERT	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCEPAT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DE SE EITHER, NOTHER MEDICAL EXAMPLE	CONDITIONS	ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTION FOR WHICH IN OF INJURY M. MONTH DA	CEATH BUT	IN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [ERE FINDING IG CAUSES OI	DEATH?
9	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PRODUCT OF OPERATION 190 DATE OF OPERATION 218. ACCORD WAS UNDERLYING DO CONTRIBUTING CAUSE OF DE STETCHE. PRODUCT MEDICAL EXAMINE THE INNURY OCCURRED	CONDITIONS	ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D	OPERATION Y YEAR	E LING H	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES [ERE FINDING IG CAUSES OI	DEATH?
9	CERT	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCEPAT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DE SE EITHER, NOTHER MEDICAL EXAMPLE	CONDITIONS	ONTRIBUTING TO DE INJURY OF INJURY OF INJURY	OPERATION Y YEAR	216 HOW INJURY OCCURS	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES [VERE FINDING IG CAUSES OF OR PART 2)	DEATH
9	CERT	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PRODUCT OF OPERATION 190 DATE OF OPERATION 218. ACCORD WAS UNDERLYING DO CONTRIBUTING CAUSE OF DE STETCHE. PRODUCT MEDICAL EXAMINE THE INNURY OCCURRED	CONDITIONS	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION FOR WHICH IN THE CONTRIBUTION OF INJURY OF INJ	OPERATION Y YEAR	216 HOW INJURY OCCURS	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES [VERE FINDING IG CAUSES OF OR PART 2)	DEATH NO
9	CERT	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNI	CONDITIONS	ONTRIBUTING TOD OF INJURY OF INJURY REEL FACTORY, OFFICE, FA	OPERATION Y YEAR 19	216 HOW INJURY OCCURS 216 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR!	20b. IF YES, WIN CERTIFYIN YES [/ERE FINDING IG CAUSES OF	STA
9	CERT	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 11a ACCRET WAS UNDERLYING DECONTRACTOR OF CAUSE OF DESCRIPTION 22a 1 certify that (1) (this hosp sow 15 decessed alive or obots (1) (west sold (1)) (in or obots (1)) (CONDITIONS	ONTRIBUTING TOD OF INJURY OF INJURY REEL FACTORY, OFFICE, FA	OPERATION Y YEAR 19 NRM, ETC.)	216 HOW INJURY OCCURS 216 LOCATION STREET 19 84	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR!	20b. IF YES, WIN CERTIFYIN YES [/ERE FINDING IG CAUSES OF	STAT
99	CERT	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNI	CONDITIONS	ONTRIBUTING TOD OF INJURY OF INJURY REEL FACTORY, OFFICE, FA	OPERATION Y YEAR 19 NRM, ETC.)	216 HOW INJURY OCCURS 216 LOCATION STREET 217 LOCATION DEGREE	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death occurred on the do	20b. IF YES, WIN CERTIFYIN YES [Y IN ITEM 18 PART	/ERE FINDING IG CAUSES OF	STAT
99	CERT	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 11a ACCRET WAS UNDERLYING DECONTRACTOR OF CAUSE OF DESCRIPTION 22a 1 certify that (1) (this hosp sow 15 decessed alive or obots (1) (west sold (1)) (in or obots (1)) (CONDITIONS	ONTRIBUTING TOD OF INJURY OF INJURY REEL FACTORY, OFFICE, FA	OPERATION Y YEAR 19 NRM, ETC.)	216 HOW INJURY OCCURS 216 LOCATION STREET 217 LOCATION DEGREE	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death occurred on the do	20b. IF YES, WIN CERTIFYIN YES [Y IN ITEM 18 PART	/ERE FINDING IG CAUSES OF	STAT
99	CERT	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 110 ACCIDENT WALLINGSTRING 110 ACCIDENT WALLINGSTRING 111 IN JURY OCCURRED 112 IN JURY OCCURRED 114 IN JURY OCCURRED 115 Sow the deceased dive or oboye (1) (westedd) (did no 116 SIGNATURE	196 CONDITIONS CONDITI	ONTRIBUTING TOD OF INJURY OF INJURY REEL FACTORY, OFFICE, FA	OPERATION Y YEAR 19 NRM, ETC.)	216 HOW INJURY OCCURE 216 LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR!	20b. IF YES, WIN CERTIFYIN YES [Y IN ITEM 18 PART	/ERE FINDING IG CAUSES OF	STAT
99	CERT	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 11a ACCRET WAS UNDERLYING DECONTRACTOR OF CAUSE OF DESCRIPTION 22a 1 certify that (1) (this hosp sow 15 decessed alive or obots (1) (west sold (1)) (in or obots (1)) (196 CONDITIONS CONDITI	ONTRIBUTING TOD OF INJURY OF INJURY REEL FACTORY, OFFICE, FA	OPERATION Y YEAR 19 NRM, ETC.)	216 HOW INJURY OCCURS 216 LOCATION STREET 217 LOCATION DEGREE	280 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TOWN deoth occurred on the do MEDICAL STAFI DIRECTOR PHYSICI	20b. IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART VN 19 1e ond hour or	/ERE FINDING IG CAUSES OF	STAT
99	CERT	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 11a ACCIDENT WAS UNDERLYING DECOMMENTED CAUSE OF DESCRIPTION 22a 1 certify that (1) (this hosp saw 1) educated (did no oboys (1) (westedd) (did no oboys (1) (did no oboys (1) (westedd) (did no oboys (1) (we	196 CONDITIONS CONDITI	ONTRIBUTING TO DE CONTRIBUTION FOR WHICH IN OF INJURY OF INJURY OF INJURY REEL FACTORY, OFFICE, FACTORY,	OPERATION Y YEAR 19 NRM, ETC.)	216 HOW INJURY OCCURE 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 B ATTENDING PHYSICIAN 222 ADDRESS	280 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TOWN deoth occurred on the do MEDICAL STAFI DIRECTOR PHYSICI	20b. IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART VN 19 1e ond hour or	/ERE FINDING IG CAUSES OF	STAT
99	MEDICAL CERT	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION THE ACCEPT WAS UNDESCRIBED THE IN HURY OCCURRED 220 1 certify that (I) (this hosp oboys (I)) (west added) (did not be seen to be see	21b. TIME CHOUR A PP 21e PLACE (AT HOME ST	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION FOR WHICH IN CONTRIBUTE OF INJURY OF INJURY OF INJURY REEL FACTORY, OFFICE, FA The discost of from 19	OPERATION Y YEAR 19 ARM, ETC.)	216 HOW INJURY OCCURE 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 B ATTENDING PHYSICIAN 226 ADDRESS	280 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TOWN deoth occurred on the do MEDICAL STAFI DIRECTOR PHYSICI	20b. IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART VN 19 1e ond hour or	/ERE FINDING IG CAUSES OF	STATI
9	MEDICAL CERT	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION THE ACCIDENT WAS UNDERSTORD FOR CONTROLLING CARRY OF DESTRUCTION THE ACCIDENT WAS UNDERSTORD FOR CARRY OF DESTRUCTION MADE AS A SHAPPER THE INTERPOPER MADE AS A SHAPPER THE INTERPOPER CARRY OF DESTRUCTION AS A SHAPPER THE SIGNATURE THE PHYSICIAN'S NAME THE	21b. TIME CHOUR A PLANE STATE OF THE CONTROL OF THE	ONTRIBUTING TO DE CONTRIBUTION FOR WHICH IN DA IN MONTH DA IN MONTH DA IN MEET FACTORY, OFFICE, FACTORY, OFF	OPERATION Y YEAR 19 ARM, ETC.)	216 HOW INJURY OCCURS 216 LOCATION STREET 216 LOCATION STREET ATTENDING PHYSICIAN 226 ADDRESS CTVIC AVE. &	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TOWN CITY OR TOWN CITY OR TOWN CITY OR TOWN AMEDICAL STAFI DIRECTOR PHYSICI PHYSICI 23d LOCATION	20b. IF YES, WIN CERTIFYIN YES [I IN ITEM 18 PART I I I I I I I I I I I I I I I I I I I	COUNTY COUNTY	STAI

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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

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0	/	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	REG. N			
44		CEASED NAME FIR W	illiam He	erman	lliott	410TT	DECEMBE.	MONTH DAY	SS C	120AN
	3. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	RTHDAY) IF UN		UNDER 24 HRS
oi.	le 811	Male RTHPLACE (STATE OR FOREIG	Whi	N OF WHAT COUNTRY?	02 8	23 1896 YEAR	9 BALTIMORE CITY C	YRS.	DEATH	
35	_ C	loam, Maryla			MARRIE	DI DIVORCED	Wicomico			M
00	10 CI	ty or town of death lisbury. M	11. NAM (IF NO	E OF HOSPITAL, NURSIN TIN SUCH FACILITY, GIVE STREET Insula Gen	G HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Refired	ION 1:	2b. KIND OF 8 NDUSTRY	USINESS O
0	145117	AL RESIDENCE (IF NURSING H	Wicomic	TUTION GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS . Route #1			801 it Trea
20	14. FA	THER'S NAME William	MIDDLE F.	Elliott		15. MOTHER'S MAIDEN NA/				eming
medicol		VAS DECEASED EVER (IN U (ES. NO OR UNKNOWN) (IF	S. ARMED FORCE YES GIVE WAR OR DA			Route #1 Bo	Gussie L ^{AD} E x 168 Walnu	illiott (W t Tree R	ife) d., Sal	2180 1 is,Md.
nt, me		18 CAUSE OF DEATH IER PART I, DEATH WAS (nter only one cau	ise per line far (a), (b), and	dicut		200	KEST.	APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEATH
other troumatic ev		Canditions, if ony, whi gave rise to immedia couse (a), stating t	DUE T	to, or as a conseque	NCE OF		MONIA			
y injury, or other traumatic ev	TION	Conditions, if ony, whi gave rise to immedia couse (a), stating to underlying couse to PART 2. OTHER SIGN (FIC	ich ote the DUE	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE	P / 10	AFAKT FO	MERNIA AIL WORE INAL DISEASE OR CON	IDITION GIVEN II		
ws ony injury.	TIFICATION	Canditions, if any, whi gave rise to immedic couse (a), stating to underlying couse la	ich ote the DUE	TO, OR AS A CONSEQUE TO CANTALES F	P / 10	AFAKT FO	MILLURE		RE FINDINGS	
A such a	0	Conditions, if ony, whigave rise to immedia couse (a), stating in underlying couse to PART 2. OTHER SIGNIFIC TO DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYIOR CONTRIBUTING CAUSE	DUE to be a state of the state	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE	DEATH BUT	AFAKT FO	PARMINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING	ERE FINDING: G CAUSES OF	DEATH?
or Hem 18 shows ony injury.	CAL	Conditions, if ony, whigave rise to immedicate (a), stating underlying cause to PART 2. OTHER SIGN/FIC	DUE chate DUE CANT CONDITIO 19b. C ING TEOF DEATH HOL KAMINER) 21e P	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE	DEATH BUT OPERATION AY YEAR 19	AFAKT F. NOT RELATED TO THE TERM N WAS PERFORMED	PARMINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFY INC YES RY IN ITEM 18. PART I	ERE FINDING: G CAUSES OF	DEATH?
i is marked or item 18 shows any injury.		Conditions, if ony, whigave rise to immedia couse (a), stating if underlying couse to underlying couse to 190. DATE OF OPERATION 71g. ACCIDENT WAS UNDERLYING COUTERED CAUSE (IF EITHER NOTHEY MEDICALE X- 21d INJURY OCCURRED WHILE NOTHING WHILE I	DUE the base of th	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE	OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURE	PARAMINA AIC CICE INAL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, WE IN CERTIFY INC YES TO YES TO	COUNTY	STATE
i is marked or item 18 shows any injury.		Conditions, if ony, whigave rise to immedia couse (a), stating underlying couse to underlying couse (if either notify medicalex (if either notify medicalex at work at wor	DUE to hospital) attend did not) view the	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE	NCE OF IVE	NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET 19 19 10 d that in (my) (aur) opinion of the physician of t	PARAMINA AIC CICE INAL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, WE IN CERTIFYING YES THE TENT OF THE TEN	COUNTY	STATE † (I) (we) la
WPORTANT: If Hem 21 is marked or Hem 18 shows any injury.	MEDICAL	Conditions, if ony, whigave rise to immedia couse (a), stating is underlying couse to PART 2. OTHER SIGN (FICE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICALEX 21d INJURY OCCURRED WHILE AT WORK NOTIFY MEDICALEX 22a. I certify that (1) (this sow the deceased of above, (f) (we) (did) (DUE ich ate the sat. DUE ANT CONDITIO I 19b. C ING 21b. T HOL (AMINER) 21e P (AT HOL (AMINER) A hospital) attending on did not) view the	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE	OPERATION AY YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURR 211. LOCATION SIREET 19 and that in (my) (aur) Opinion of the performance of t	PERMITS ALCURE INAL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA	20b. IF YES, WE IN CERTIFYING YES THE TENT OF THE TEN	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE † (I) (we) la

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

poge 3 tely filled in by the funeral director. p should be filed within 72 hours after

FOR STATE REGIST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

13	April .	3	5	3	1	-
	REG. NO.					

	REGISTRAR					REG. I	NO.			
	DECEASED NAME TYPE OR PRINT) RESULA	ald B.	Ž	Englis	4	2a. DATE OF DEATH	MONTH 2		YEAR S:S	3 HOUR
3.	SEX	4 RACE	5. DATE C			6 AGE (IN YEARS LAST E	HRTHDAY	MONTHS	DAYS	IF UNDER 24 HRS
Į,	Male	Caucasian	12		1904	80	YRS.	1	DAYS	HOURS MIN.
30	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	NTRY? 8.	D NEVER	MARRIED -	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH	
	Maryland	U.S.A.	WIDOWE		NORCED	Wicomic	O			M
	Salisbury, MD	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Peninsula	STREET ADDRESS)			120 USUAL OCCUPA (TYPE OF WORK FOR MOST highway	OF WORKING	LIFE) INDI	USTRY	r BUSINESS O gineer
	SUAL RESIDENCE (IF NURSING) ONE OF 18 STATE 13 COUR Maryland Word		RTOWN	13d INSIDE (NO 🗌	13e STREET ADDRESS 202A S.	/ ZIP ÇOI Mair	n St	٠,	21811
14	FATHER'S NAME KYNYKYYXX Loren	ZO Eng	lish		S MAIDEN NA/	Bertha Bertha		Ве	auc	hamp
16	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL	SECURITY NO.		. Eliz	abeth En	glish			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (o), (D BY:	be and ic		failur	e		BE	APPROXIVET VEEN C	MATE INTERVAL DINSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN (DUE TO, OR AS A CON (c) MYC CONDITIONS CONTRIBUTIN	cardial	Inf NOT RELATE		MING INAL DISEASE OR CO	ndition G	IVEN IN P	ART 110	
NA COLOR	Upper gastr 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	1			200 AUTOPSY?	IN CERT			IGS USED OF DEATH?
	OR CONTRIBUTING CAUSE OF DEP (IF EITHER NOTIFY MEDICAL EXAMINE) 71d IN JURY OCCURRED WHILE NOT WHILE		19	211 LOCATI	ON	RED (ENTER NATURE OF IN.	JURY IN ITEM 18			STATE
	220.1 certify the (1) this hospi	ital) attended the deceased (19 FC. or	nd that in my	, 19 as a spinion (death accurred on the	date and ha		om the d	that (1) (we) lo couses stated SIGNED
	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	n			MEDICAL ST DIRECTOR PHYS	AFF ICIAN []		12/1	15/85
	Charles B.	Silvia Jr	my	PGE	tMC					
23	BURIAL, CREMATION, REMOVAL		St. Pa		CREMATORY Church	23d LOCATION CITY OF TOWN LYARD BE	rlin	Wo	rce	ster

DHMH - 16 60M 7/84

should be detached for use as the burial-tronsit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

After this certificate hos offending physician.

TO FUNERAL DIRECTOR.

morked or Hem 18 shows ony

MPORTANT: If Hem 21 is

(VRA 15, 4)

BP.

24 FUNERAL DIRECTOR W. Kirk Burbage, 108 Wms St., Berlin, 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIC. HUJE

MD

RECEIPE English. French I. 4015 20 21 SI 10 hours cachepulmeny to hote chance in honey spelly mysended interior There distrances had a sent as , rough trailment 3/2 32 3/42 Charles B. Silving In my Portant The State of the S

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT	
LAST	2a DAT

35871

FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE & S	5 5 6 / /
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) Myrt	le A.	Esender	Deumber	2,1985 8:16 PM
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Caucasian	Sept. 30, 190	2 83 YRS	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUN	TY OF DEATH
Washington, DC	United State		Waromico Co.	unty MD.
Salisbury	11. NAME OF HOSPITAL, NUR! PENINSULA GNESTR PENINSULA	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Statisticiar	
130. STATE 13b. COL	OR OTHER HANDS ON GIVE RESIDENCE BEF		S? 13e.STREET ADDRESS / ZIP CO	
	tgomery Rocky		704 Owens St	reet/20850
4. FATHER'S NAME FIRST William	F. Mathis	15. MOTHER'S MAIDEN FIRST Lillia	NAME	LAST
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDRESS	Pierce
(YES NO OR UNKNOWN) (IF YES G	577-28-	3566 Francis	#3 Wal L. Owens Selbys	lnut Lane ville, Delawar
	only one cause per line for (a), (b), SED BY: ATE CAUSE (a)	ond (c)	1BOLISM:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	MA OF Q	ODEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION G	GIVEN IN PART 110
12/2/85		CHOPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
Pag DATE OF OPERATION 190 DATE OF OPERATION 1210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM II	8 PART I OR PART 2)
216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (this has sow the deceased alive o	pital) attended the deceased from 15 2 2 19	and that in (my) (our) opin	nion death occurred on the date and h	
Walker	10/00		MEDICAL STAFF	12/2/35,
W.Ch. Si	CHARTER	S	60 Riverside Dr alisbury, Maryl	
230 BURIAL, CREMATION, REMOVA (SPECIFY)Burial	Dec. o,	Redar Hill Cemet	CITY OR TOWN	county State Maryland
300 West Monto			CETA SUTFIGURE	maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

352057 requires that the death certificate be executed within 24 hours after

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

OR ATTENDING PHYSICIAN: The low

retoined by the hospitol

BP.

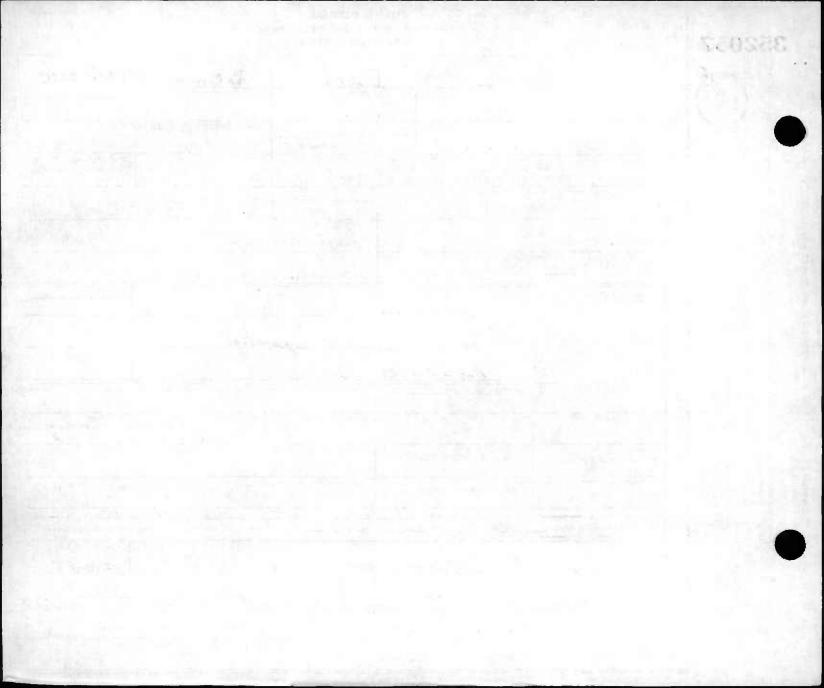
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	3	1.	-	1	G
Dec		40	P.V.		

	REGISTRAR					FICATE OF DEATH	REG. N	0.		
		FIRST	A	WIDDLE		LAST		MONTH	DAY YEAR	26 HOUR
	(TYPE OR PRINT)	slie	Howar	d		Evans	Decem	ber 1	0 1985	2220
3.	SEX	4. R	RACE	11/1/13	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	
	Male		White		Jan		74	YRS	MONTHS DAYS	HOURS M
70	BIRTHPLACE (STATE OR FORE	EIGN 7b	CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
D	elaware	800	U. S.	Α.	WIDOWE		Wicomico)		
10	CITY OR TOWN OF DEATH	111.		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION		OF BUSINESS
		MD F	ening	sula Gen	neral	Hospital	Salesman	DI WORKING (Auto	
113	JSUAL RESIDENCE (IF NURSING 30. STATE 134 Maryland	HOME OR OTH LOUNTY Wicom	ico	13c CITY OR TOWN Delmar		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Rt. #3	/ ZIP COD	E 1875	
14	FATHER'S NAME	MIDD		1167		15 MOTHER'S MAIDEN NA				
1	Ernest J. Evan	ns	ΛE	LAST		Maggie Britt	ingham		L/	AST
16	WAS DECEASED EVER IN	U.S. ARMED		160 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
1	NO WAS DECEASED EVER IN 1		AR OR DATES!	214-10-77	69	Dorothy A. H	Evans (Sar	ne as	above)	
F	18 CAUSE OF DEATH	Enter only a	DO COULO DOS	line for (a), (b), and	l (c					XIMATE INTERVAL
	Canditions, if any, will gave rise to immed cause (a), stating underlying cause (Chich diate the last.	DUE TO, OF	Prounce RAS A CONSEQUE Probable RAS A CONSEQUE PACH EN	NCE OF NCE OF NCE OF MERS	Desert asp		INITION G		
ATION	Canditions, if any, which gave rise to immed cause (a), stoling underlying cause (a)	chich diate the last.	PY: AUSE (a) DUE TO, OF (b) DUE TO, OF	Proudle RAS A CONSEQUE Probable RAS A CONSEQUE ALE H EID ONTRIBUTING TO D	NCE OF NCE OF MCE OF MERS	Description of the term	INAL DISEASE OR CON		VEN IN PART 1	(a
MOLEN PER	Canditions, if any, which gave rise to immed cause (a), stoling underlying cause (a)	chich diate the last.	PY: AUSE (a) DUE TO, OF (b) DUE TO, OF	Proudle RAS A CONSEQUE Probable RAS A CONSEQUE ALE H EID ONTRIBUTING TO D	NCE OF NCE OF MCE OF MERS	Desert asp		206. IF YE		INGS USED S OF DEATH?
	Canditions, if any, will gave rise to immed cause (a), stoling underlying cause (PART 2 OTHER SIGNIFIED DATE OF OPERATION (CONTRIBUTION OF CONTRIBUTION OF CON	CAUSED BY MEDIATE C which fliate the lost. ICANT CON	Y: AUSE (a) DUE TO, OF (b) DUE TO, OF (c) 19b. CONDI	PRUME RAS A CONSEQUE PROJECTION RAS A CONSEQUE PACH END ONTRIBUTING TO D ITION FOR WHICH OF FINJURY M. MONTH DA	NCE OF NCE OF NCE OF NERS	Description of the term	200 AUTOPSY? YES NO	20b. IF YE	VEN IN PART 1 S, WERE FIND FYING CAUSE	ra
, ,	Canditions, if any, wigave rise to immed cause (a), stating underlying cause (DART 2 OTHER SIGNIFIED (PART 2 OTHER SIGNIFIED (CAUSED BY MEDIATE C Thich Side the last. ICANT CON YING SE OF DEATH EXAMINER)	Y: AUSE (a) DUE TO, OF (b) DUE TO, OF (c) DUITIONS CO 19b. CONDI 21b. TIME OI HOUR A./ P./ 21e. PLACE C	PRUME RAS A CONSEQUE PASSA CONSEQUE A SE H E III ONTRIBUTING TO D ITION FOR WHICH II FINJURY M. MONTH DAM M.	NCE OF NC	DISEASE NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206. IF YE IN CERTI Y	VEN IN PART 1 S, WERE FIND FYING CAUSE	INGS USED S OF DEATH?
, ,	Canditions, if any, wigave rise to immed cause (a), stating underlying cause (I PART 2 OTHER SIGNIFIED OR CONTRIBUTING CAUSE (IF EITHER NOTHYMEDICALE AT WORK AT WORK 220.1 certify that (1) (Market 1) (Market 20.1 certify that (1) (Market 20.1 certify that (1)) (Market 20.1 certify that (1))	CAUSED BY MEDIATE CO. Chich diate the last. ICANT CON. YING SE OF DEATH EXAMINER)	Y: AUSE (a) DUE TO, OF (b) DUE TO, OF (c) DUITIONS CO 19b. CONDI 21b. TIME OI HOUR A./ P./ 21e. PLACE (1A1 HOME STR	PRUME R AS A CONSEQUE PLACE HE EN ONTRIBUTING TO D ITION FOR WHICH OF FINJURY M. MONTH DA M. OF INJURY OF INJURY GET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY de deceased from e deceased from	NCE OF NC	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT WAS PERFORMED 211. LOCATION SIREET	200 AUTOPSY? YES NO PRED (ENTER NATURE OF INJU	206. IF YE IN CERTINATE IN TEM 18	VEN IN PART 1 S, WERE FIND FYING CAUSE ES PART 1 OR PART 2) COUNTY	INGS USED S OF DEATH? NO TO STATE
, ,	Canditions, if any, will gave rise to immed cause (a), stoting underlying cause (1) PART 2 OTHER SIGNIFIE 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CALLE 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK	CAUSED BY MEDIATE CO. Chich diate the last. ICANT CON. YING SE OF DEATH EXAMINER)	Y: AUSE (a) DUE TO, OF (b) DUE TO, OF (c) DUITIONS CO 19b. CONDI 21b. TIME OI HOUR A./ P./ 21e. PLACE (1A1 HOME STR	PRUME R AS A CONSEQUE PLACE HE EN ONTRIBUTING TO D ITION FOR WHICH OF FINJURY M. MONTH DA M. OF INJURY OF INJURY GET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY de deceased from e deceased from	NCE OF NCE OF NERS DEATH BUT OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCURI	200 AUTOPSY? YES NO PRED (ENTER NATURE OF INJU	206. IF YE IN CERTINATE IN TEM 18	S, WERE FIND FYING CAUSE ES PART 1 OR PART 2) COUNTY 19 55 ur and from the	INGS USED S OF DEATH? NO 1
	Canditions, if any, w gave rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIFI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF ETHER. NOTHY MEDICALE AT WORK NOT WHILE AT WORK AT WORK 22a. I certify that (1) (No. 3 cay the deceased a dave, (1) wee) (did) 22b. SIGNATURE	CAUSED BY MEDIATE C Thich fliate the last. ICANT CON YING SE OF DEATH EXAMINER) Dolive on Idd not vie	AUSE (a) DUE TO, OF (b) DUE TO, OF (c) IDITIONS CO IPID. CONDITIONS CO IPID. CONDITION	PRUME R AS A CONSEQUE PLACE HE EN ONTRIBUTING TO D ITION FOR WHICH OF FINJURY M. MONTH DA M. OF INJURY OF INJURY GET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY de deceased from e deceased from	NCE OF NCE OF NERS DEATH BUT OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT WAS PERFORMED 21c HOW INJURY OCCUR! 21l LOCATION SIREE1 21 19 15 3 nd that in (my) (auch opinion of the physician of t	200 AUTOPSY? YES NO PRED (ENTER NATURE OF INJU	70b. IF YE IN CERTIN Y IN ITEM 18	S, WERE FIND FYING CAUSE ES PART 1 OR PART 2) COUNTY 19 55 ur and from the	INGS USED S OF DEATH? NO M
, ,	Canditions, if any, will gave rise to immed cause (a), stoting underlying cause (a) PART 2 OTHER SIGNIFIE 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERST. 21a. ACCIDENT WAS UNDERST. 21a. INJURY OCCURRED WHILE AT WORK 22a. I certify that (1) (No. 200 on the decease of above, (1) (wee) (did)	CAUSED BY MEDIATE C Thich fliate the last. ICANT CON YING SE OF DEATH EXAMINER) Dolive on Idd not vie	AUSE (a) DUE TO, OF (b) DUE TO, OF (c) DUE TO, OF (c) DITIONS CO 19b. CONDI 19b. CONDI 21b. TIME OI HOUR A./ P./ 21c. PLACE (AT HOME STR ottended the	PRUME R AS A CONSEQUE PLACE HE EN ONTRIBUTING TO D ITION FOR WHICH OF FINJURY M. MONTH DA M. OF INJURY OF INJURY GET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY de deceased from e deceased from	NCE OF NC	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT WAS PERFORMED 211 LOCATION SIREET 211 LOCATION SIREET AND THE STREET DEGREE ATTENDING	200 AUTOPSY? YES NO PRED (ENTER NATURE OF INJUDENT OF TO PRED CONTROLL STA	70b. IF YE IN CERTI Y RY IN ITEM 18	VEN IN PART I S, WERE FIND FYING CAUSE ES PART I OR PART 2) COUNTY 19 35 Ur and from the 22c DATI /2-c	INGS USED S OF DEATH? NO TO STATE that (It (wo) a causes stated E SIGNED O-F S
A PAGENCIA	Canditions, if any, w gave rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIFI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF ETHER. NOTHY MEDICALE AT WORK NOT WHILE AT WORK AT WORK 22a. I certify that (1) (No. 3 cay the deceased a dave, (1) wee) (did) 22b. SIGNATURE	CAUSED BY MEDIATE C Thich fliate the last. ICANT CON YING SEE OF DEATH EXAMINER) Colive on (did not vie E (IYPE OR PRIII AME 8 MOVAL 2:	AUSE (a) DUE TO, OF (b) DUE TO, OF (c) DIDITIONS CO 19b. CONDI 21b. TIME OI HOUR A./ P./ 21e. PLACE (AT HOME STR ottended the body NI) 3b. DATE	PRUME R AS A CONSEQUE PROJECTION R AS A CONSEQUE ALCH EIT DITION FOR WHICH IT ITION FOR WHICH IT IT	NCE OF NCE OF	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT WAS PERFORMED 211. LOCATION SIREE 211. LOCATION SIREE 212. ADDRESS	200 AUTOPSY? YES NOW CITY OR TO deoth accurred on the d MEDICAL STA DIRECTOR PHYSIC	70b. IF YE IN CERTIN Y IN ITEM 18	S, WERE FIND FYING CAUSE ES PART 1 OR PART 2) COUNTY 19 85 UT and from the 220 DATI	STATE That (II (See E SIGNED STATE STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF BEATH

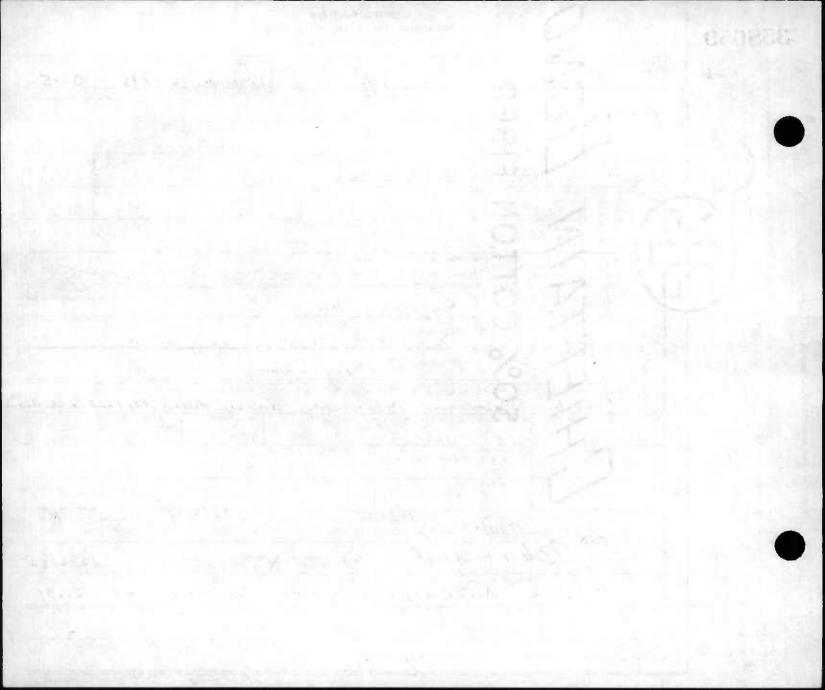
STATE OF MARYLAND	3.3	1	-2	100	3	1	1
TMENT OF HEALTH AND MENTAL HYGIENE	0	3	0	2	63	1	d
CERTIFICATE OF DEATH		REG. NO.					

1. DE	CEASED NAME FIRST	M	DDLE		AST	20. DATE OF DEATH	MONTH OA	YFAR	2b HOUR
11111	CLARENO	CE HEN	NRY	Fr	anklin. SR	Decembr	or 10,	485	0242N
1, SE		4 RACE	T.	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNGER 24 HRS
12	Male	NEGRO		7	3 95	90	YRS		
	IRTHPLACE ATE OR FOREIGN	76. CITIZEN OF V	HAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY C	OF DEATH	
	ARYLAND	U.S		WIDOWE	- 6.33	Wicomico			MD
12	lisbury, MD	Penins	eacility, give street at ula Gene	eral	A	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF RETIRED-LAS	F WORKING LIFE)	INDUSTRY	TRUCTION
134	STATE 13b. COU		IVE RESIDENCE BEFORE A 136. CITY OR TOWN BERLIN		13d. INSIDE CITY LIMITS? YES NO X	ROUTE #2,	ZIP CODE	/ 2181	1
14	ATHER'S NAME	MICOLF	LAST		15. MOTHER'S MAIDEN NAM				ī
100	DHN		RANKLIN		ELEANOR			SMÂ	ĈK
	WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VF WAR OR DATES)	220-09-1	798	Clarence Fran	klin, JR.		as abo	ve
1	IB CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI		31	o ke	with Rt 1	homplema		BETWEEN	MATE INTERVAL ONSET AND DEATH
IFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN AOTH 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, V								NGS USED
T I	B. DOTE					YES NO	YES	ING CAUSES	NO [
CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	MIN	MONTH DAY	YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	F INJURY FT FACTORY, OFFICE, FAR	RM, FTC.)	211 LOCATION STREET	CITY OR TO	AИ	COUNTY	STATE
	22a. I certify that (1) (this hosp sow the deceased alive or above, (1) (we) (1) (did no	12/9	19 8	12/9	nd that in (my) (aur) apinion di	, ta	ite and hour		that (1) (we) last causes stated
	7% SKONATURE	and	aux	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		22c. DATE	10/85
	PHYSICIAN'S NAME (TYPE	1/2 /2	GARWA	_	22e ADDRESS PAHN	ic			
23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NA	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	THE	COUNTY	STATE
	BURIAL	12/15/	85 EVE	RGRE	EN CEMETERY	BERL IN	WORC	FSTER	MARVI
	UNERAL DIRECTOR LLEY MEMORIAL (CHAPEL	Rt. #	EBURY	ersey Rd. So DATE	REC'D. BY REGISTRAR	156 REGISTR	AR'S SIGNAT	dell

DHMH - 16 60M 7/B4 (VRA 15, 4)

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TD A D	CERTIFICATE OF DEATH

358059	1-	FOR STATE REGISTRAR			DE			ALTH AND MENTAL HYG CATE OF DEATH	IENE S REG	NO.	3 0	0 0
e e e e e e e e e e e e e e e e e e e		CEASED NAME OR PRINT) Lillia	riest n Pea	rl Gof	MIDDLE		Q.0	L.	20 DATE OF DEATH		DAY YEAR	26 HOUR
may er de	3. SE			RACE		5. (DASE OF		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ge 4 scror	1	female.	1	White	e	A	pril	20. 1906	79	YRS	MONTHS DAYS	HOURS MIN.
death. Pog		HPLACE (STATE OR FO	OREIGN 7	b CITIZEN OF	WHAT COU	INTRY? B		□ NEVER MARRIED □	9. BALTIMORE CITY		Y OF DEATH	
0 7 2		st Virginia		U. S.		W	DOWED	DIVORCED [Wicomico			MI
hours offer of		TY OR TOWN OF DEAT	TH I	Penins	HOSPITAL, I CHEACILITY GIV 11a Ge	NURSING H VE STREET ADDRI Neral	OME OF HOS	other institution	126 USUAL OCCUP. (TYPE OF WORK FOR MO) Nurses Ai	ST OF WORKING LI		of Business of
outd by	13a S		NG HOME OR COUNT	TY Y	13c. CITY O	RTOWN		13d. INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRES			940
and 2 sh	V	THER'S NAME Brry Knotts	M	HODLE	U	AST		Myrtle Benne	ME		1A	
ecot		VAS DECEASED EVER I			166 SOCIA	AL SECURITY	NO	17 INFORMANT		DRESS		
× 12 3	No	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	232-1	0-987	1	Frances Brit	ttingham S	alisbu	ry, Mar	yland
he low requires that the death ce on. has been signed by the attending permit. Then please remove carbs ene prior to buriol, cremotion, or r ows any injury, or other troumotic.	CERTIFICATION	0.	ediate the lost	DUE TO, CO	ONTRIBUTING	NSEQUENCE NG TO DEAT	E OF TH BUT N Arta	Heavy Smell Heavy Smell Hot Related to the term Was performed Was performed	INAL DISEASE OR CO	20b IF YE		NGS USED
SICIAN: TI gg physicia certificate rial-transit ental Hygi fem 18 shr		2)a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEAT	n .	OF INJURY .M. MON! .M.	TH DAY	YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF II	BI MATI NI YAULA	PART (OR PART 2)	
offer this of the bull houd Mc	MEDICAL	21d INJURY OCCURR			OF INJURY REET, FACTORY,	OFFICE FARM,	ETC)	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
ATTENDI lospital or ECTOR: A ed for use of. of Heal		22a certify that (1) (sow the decease above, (1) (most (p) 27b SIGNATURE						that in (my) (aur) opinion of	death accurred on the	date and hou	or and from the	
O HOSPITAL OR FOR ELONG BY THE FOR ELONG BE DIR With the Stote Dep. MPORTANT: If Its		22d PHYSICIAN'S NA	ME (TYPE OR		TG AK	wal ZWAI	(ATTENDING PHYSICIAN D	MEDICAL S DIRECTOR PHY		Md	2/16/81
9699 B	(BURIAL, CREMATION, R SPECIFY) Irial	REMOVAL	23b. DATE 12-18		73c NAM	E OF CE	METERY OR CREMATORY etery	23d LOCATION CHYORTOWN Delmar S	ussex	Delawar	e
OHMH - 16 60M 7/84 (VRA 15.4)		INERAL DIRECTOR	t Fune					256 DAT	E REC'D. BY REGISTR	AR 25b. REGIS	TRAR'S SIGNA	TURE

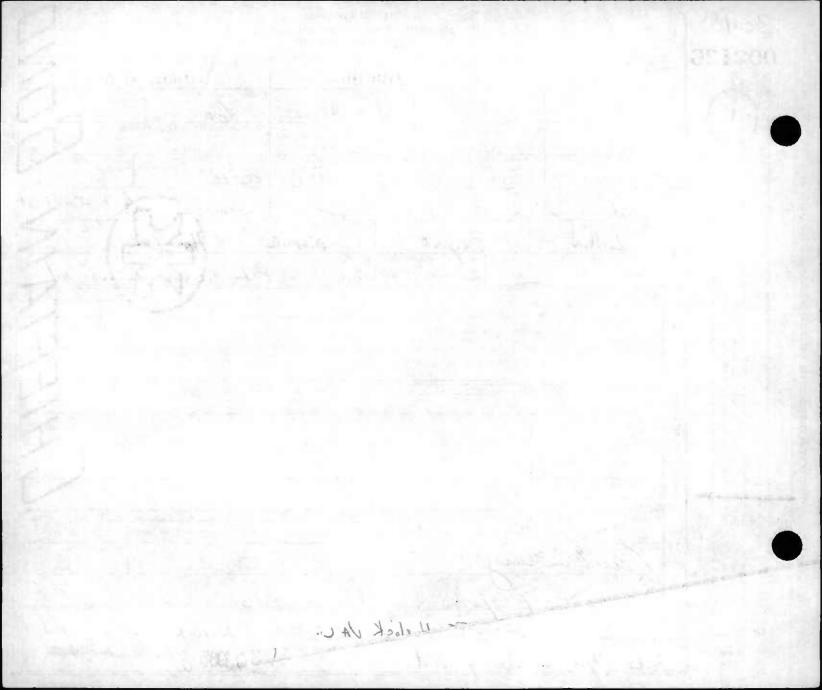


RECORDS DIVISION OF VITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH 26 HOUR TYPE OF PRINTS Gunther MOZE ((R December SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS -29-22 70. BIRTHPLACE TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY Wicomico WIDOWED TO DIVORCED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Salisbury. Peninsula General Hospital MD KRTICEO USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 602 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 115 DUFC DALISBURY YES INO I 160 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MAMIR 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY quemous IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO T Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) ∞ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) STREET CITY OF TOWN COUNTY STATE AT WORK NOT WHILE AT WORK NOVEMBER 220 1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on Dec 2/ above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED ATTENDING AEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN nould be deto WPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL (SPECIFY) Hullock (VRA 15, 4)

DHMH - 16 60M 7/84



DIVISION OF

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 343090 REG. NO. 1 DECEASED NAME FIRST 2a DATE OF DEATH MONTH 7b. HOUR LIYPE OR PRINT HALL DECEMBER 2.1985 1930M 3. SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 69 TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYKANO WIDOWED DIVORCED & Wicomico MD. CITY OR TOWN OF DEATH HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Peninsula General MD Hospital IDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13e STREET ADDRESS / 7IP CODE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE IN U.S. ARMED FORCES? 17 INFORMANT IYES, NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST 214-16-4528 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70h. IF YES. WERE FINDINGS USED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? YES [NOF YES [NO I buriol-tronsit p 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION Ö COUNTY puo AT HOME STREET FACTORY OFFICE FARM ETC) STREET CITY OR TOWN STATE ked NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an. , and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED be detact e State De ATTENDING MEDICAL PHYSICIAN MPORTANT: 22d. PHYSICIAN'S MAKE ld be hou 230 BURIAL, CREMATION REMOVAL 231 NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) The state of the s

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

	RE	C	. 1	VО

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
TYPE OF PRINTS		Handes	Decomber 23	1985 2210 M
MALE	1 RACE Black	S. DATE OF BIRTH MONTH DAY YEAR S. — 1909		IF UNDER LYEAR IF UNDER 24 HRS.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF COUNTY	OF DEATH MD.
Salisbury	Peninsula Gener	ral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE LAWERER	12b, KIND OF BUSINESS OR INDUSTRY
AND STATE 136 COULD COUL	MIDDLE ABOUT HAND AND HAND AND HAND AND HAND AND HAND AND AND HAND AND AND AND AND AND AND AND	13d. INSIDE CITY LIMITS? YES NO B 15 MOTHER'S MAIDEN N PIRST URITY NO. 17 INFORMANT	ADDRESS	Mardela Mel Wallace Mardela
18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Canditions, if ony, which gove rise to immediate cause (o), stoting the	nly ane cause per line far (a), (b), ar ED BY: ITE CAUSE (a) DUE TO, OR AS A CONSEQUING TO OR AS A CONSEQUING	ENCE OF		APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 206. IF YES IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE	ATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	19 21f. LOCATION		
220-1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no	at) view the body after death.	DEGREE ATTENDING	MEDICAL STAFF	19 St., that (I) (we) lost and from the causes stated 22c DATE SIGNED 12/2-3/85
BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
MEDICAL CENTER ATION	DECEASED NAME TYPE OR PRINT) SEX MAE BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARCHAND CITY OR TOWN OF DEATH SALISDWY SUAL RESIDENCE (IF NURSING HOME OR STATE WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) Canditions, if ony, which gove rise to immediate cause 101, stoting the underlying cause last. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hosp saw the deceased olive or obove, (I) (we) (did) (did no 115. SIGNATURE 220. PHYSICIAN'S NAME (TYPE)	SEX ARACE MATE BIRTHPLACE (STATE OR FOREIGN COUNTRY) SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13b COUNTY MARCHAND CARRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c STATE 13b COUNTY MARCHAND FATHER'S NAME FIRST MIDDLE LAST HAND (IF YES, GIVE WAR OR DATES) CONDITIONS, If ONY, which gove rise to immediate couse iol, storing the underlying couse lost. CONDITIONS CONTRIBUTING TO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING COUSE LOST. 19a DATE OF OPERATION 19b CONDITION FOR WHICH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, ACCIDENT WAS UNDERLYING TO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING COUSE LOST. 19a CONTRIBUTING COUSE 21d, ACCIDENT WAS UNDERLYING TO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING COUSE COUSE 21d, ACCIDENT WAS UNDERLYING TO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING COUSE COUSE COUSE COUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED AND ONE WHILE TO CONTRIBUTE COUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED AND ONE WHILE TO CONTRIBUTION COUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY OCCURRED 21d PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. IN ODORS OF THE MEDICAL EXAMINER) 22d PHYSICIAN'S NAME (TYPE OR PRINT)	DECEASED NAME INFO OF PRINT) A CLITCE M. ACCE S. D. DATE OF BIRTH MODINH DAT VEAR MARKED NO NOTE OF BIRTH MODINH MARKED MARKED NO NOTE OF BIRTH MODINH MARKED NO NOTE OF BIRTH MODINH MARKED NO NOTE OF BIRTH MODINH MARKED NO NOTE OF A STATE SALIE OF CONTRIBUTION BISTORY SUAL RESIDENCE OF NORSING HOME OR OTHER INSTITUTION MARKED STATE ITS MODINE MARKED NO DEVINENCE HOUSE INCIDENCE OF THE RESIDENCE OF TOWN MARKED THE STANAME INSTITUTION MARKED MARKED ITS MODINE MARKED MODINE MARKED NO DEVINENCE OF TOWN MARKED THE STANAME INSTITUTION MARKED ITS MODINE MARKED ITS MODERS AMBIENT ITS MODERS AMBIENT ITS MODERS AMBIENT ITS MODINE MARKED ITS MODERS AMBIENT ITS MODINE ITS MODERS AMBIENT ITS MODINE ITS MODERS AMBIE	DECEASED NAME IPS MIDDLE MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	0.		
	1. DECEASED NAME (TYPE OR PRINT)	Ruby		Mice	Ho	arrison			MONTH	1985	2b. HOUR
	3. SEX Female		4. RACE White		5. DATE (05 19	19 1 1 2	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	7a. BIRTHPLACE (STATE COUNTRY) Zeblem, Nor		76 CITIZEN OF U	S.A.		D X NEVER	MARRIED	9. BALTIMORE CITY C		OF DEATH	MD
)	SALISBUF			HOSPITAL, NUR H FACILITY, GIVE STE ME - 10				12a. USUAL OCCUPAT TYPE OF WORK FOR MOST O Housewife			F BUSINESS OR
	USUAL RESIDENCE (#P 130 STATE Maryland	13b COUN		GIVE RESIDENCE BE 136 CHTY OR TO Salisbu	OWN	13d INSIDE (NO [13e. STREET ADDRESS 1026 Pier	ce Ave	enue	1801
	Ned IRST	Ruth	MIDDLE F	Pearce			S MAIDEN NA	ME MIDDLE Cand	ice	LAS	Rhodes
	160 WAS DECEASED EV (YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	214-10		17 INFORM	Mr Pierce	Arthur L. Avenue, Sali	arrisc soury,	n (Husk Marylar	and nd 21801
		immediate oting the juse last	DUE TO, OI	R AS A CONSECUTION FOR WHI	OUENCE OF			20a AUTOPSY? YES NO M	20b. IF YES	EN IN PART 110 , WERE FINDING CAUSES	VGS USED
1	OR CONTRIBUTING (OF EITHER, NOTIFY A 21d INJURY OCC WHILE NO AT WORK A AT	CAUSE OF DEAMEDICAL EXAMINER URRED T WHILE WORK	21e PLACE (AT HOME STR	M. MONTH M. OF INJURY BEET, FACTORY, OFFIR	CE: FARM, ETC.)	211 LOCATI	ON	RED (ENTER NATURE OF INJU CITY OR TO	RY IN ITEM 18 P.	COUNTY	STATE
	obove, (I) (wo	eosed alive an eVdid) (did no		19	?, ai	DEGREE	ATTENDING PHYSICIAN	death occurred an the di MEDICAL STA DIRECTOR PHYSIC	ote and havi	22c. DATE	
	220 PHYSICIAN'S	MANE ITTO	D Gr	GZZAS		1300		ision Street,	Salisb	ury, Ma	ryland
	230. BURIAL, CREMATIC (SPECIFY) Buri	al	12/15		36. NAME OF C		orial Pa	rk Salisbury,		-	
	24 FUNERAL DIRECTOR Holloway		Home, F	P.A., Sal	lisbury,	Maryla	0.7	EC 1 8 198	-	RAR'S SIGNAT	

DHMH - 16 50M 1/81 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	2	3	5	8
	REG. NO.			

	X-	STATE REGISTRAR		OZI AKIN	CERTIF	ICATE OF	DEATH		REG. N	0.				
/		CEASED NAME FIRST	1	MIDDLE	l	AST		20 DATE O			DAY	YEAR	2b. HOU	R
-	(711)	SAMUEL	E	LWOOD	HA	STINGS				12	14	85	7:	00 MA.
	3. SE		4. RACE	- 41 1153	5. DATE C		YEAR	6. AGE (IN	EARS LAST BE	RTHDAY)	MONTHS	ER I YEAR	IF UNDER	24 HRS MIN.
		Male	0				897	88		YRS		JAIJ		1010-4.
	7a. Bi	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D KNEVER	MARRIED -	9 BALTIMO	RE CITY	OR COUN	TY OF D	HTAE		
1		Maryland	U.S.A		WIDOWE	D 0	IVORCED [COMI	~~~				MD.
)		ITY OR TOWN OF DEATH LISBURY		HOSPITAL, NURSIN URYTYNURSI			STITUTION	12a USUAL (TYPE OF WOR Mech	K FOR MOST		DEEL INI	DUSTRY	F BUSINE	
(8)	USU	AT RESIDENCE HENURSING HOME OR								-			2102	ninery
)	13a. S	Maryland Wice	mico	13c. CITY OR TOWN		YES 🗌	NO 🗌	13e STREET Rout	e#1	ZIP COI Levin	Das	hiell	Roo	d_
1	14. FA	Thomas	WIDDLE	Hastings			'S MAIDEN NAM	ΛE	WIDDLE			Jenk		
-	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	PITY NO	12 INTEGRAL	ANIT		ADDR	ESS			ins	
			E WAR OR DATES)	224-18-2			Mrs. Same as	Reya #13e	L. Ho	sting				
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per	line for (a), (b), and	f (c).1	111	. 1 -	-	-	14		APPROXI BETWEEN C	MATE INTER	VAL DEATH
			E CAUSE (0)_	resolu	lel	411/2	macs	?/1				10	eas	
			DUE TO, O	R AS A CONSEQUE	NGE OF	-11-	de -	sch	2000	-5			/	
		Conditions, if any, which gove rise to immediate	(b)_(JELIENIA	181	d C	4010	Jack	6003	11	-	4	20-	
		couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF									
			(c)	AL ITAINLY IN IC YOU	F 1711 B117	NOT BELLIE	D 70 7115 750 111		5.00.00	101710110	0.45-1.4-1	0.407.3		_
	N	PART 2. OTHER SIGNIFICANT C	ONDITIONS <u>CC</u>	DUTKIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEAS	EORCON	IDITION G	IVEN IN	PARI ICO		
1	ATIC	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20e AUTO	OPSY?				IGS USE	
1	TIFIC							YES	моП		TIFYING	CAUSES	OF DEAT	
7	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAS	21c. HOW I	NJURY OCCURR					PART 2}		
	AL	OR CONTRIBUTING CAUSE OF DEA	in l		19									
	MEDICAL	21d INJURY OCCURRED	21e. PLACE			21f. LOCAT			CITY OR TO	OWN	cc	YTAUC	S	TATE
	Σ	AT WORK AT WORK	(ATTIOME, STR	CELL PACTORY, OFFICE, PA	RM, EIC J	/				, ,		_		
		22a.1 certify that (1) (this haspi			3	12	_, 19_23	to	10/	19%	380		that (t) (v	ve) last
	10	sow the offersed alive an above (1) wer (did) (did no	li view the body	after death.) (our) opinion d	leath accurre	ed on the a	ate and h	our and I	rom the d	couses sto	ted
	0	The Supplement of the	. //	1		DEGREE	ATTENIDING	▲ MEDICAL	STA		2	L DATE	IGNED	-
		4111/11	1110	8		111	PHYSICIAN	DURECTOR				12/	14/	80
	1	THE PHYSICIAN SOUTHE (THE O				22e. ADDRE						/	21	801
		Earl Beards					ic Avenu			50, S	alisk	oury,	Mar	yland
	23a. B	BURIAL, CREMATION, REMOVAL SPECIBULIAL	23b. DATE				CREMATORY	23d. LOC.	ORTOWN	E	COUN	JTY	S	TATE
		JNERAL DIRECTOR	12/1/	/1985 S	oringh	III Mer	nory Gar	rdens h	Tebro	n, Wi	comi	co, l	Mary	land
	74 FU	Hölloway Funer	al Homo	P AADDRESS ~	leihun			FC 1	2 100A	1			ure _/pand	0.892
			ar i lottle	, 1 .A., Ju	TOTOUT	y, water	Aradia -	-0 - (120%	11	- An apply	Sandley a	1.00	000

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this should be detached for use as the bit with the State Dept. of Health and M IMPORTANT: If them 21 is marked or in the state of the

After this certificate has been signed by the e as the burial-transit permit. Then please rem

(VRA 15, 4)



requires that the death certificate be

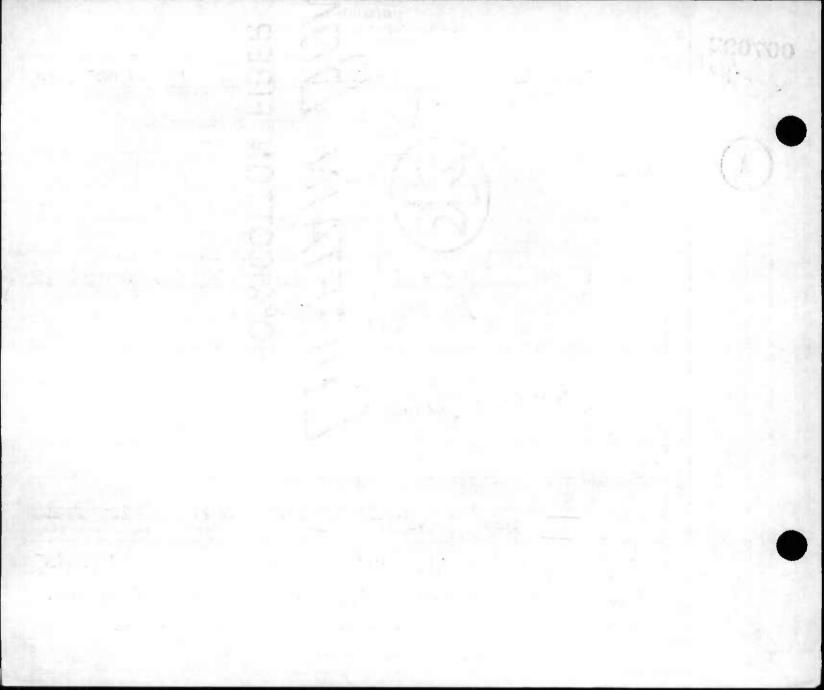
director, poge 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPART	TMENT OF H	E OF MARTLAND EALTH AND MENTAL HY ICATE OF DEATH			3 5	3 8 0
		CEASED NAME CHART	les RLES	IDDLE	HE	Alzel EL	20 DATE OF DEATH	NO.	27 1985	26. HOUR 2:12 PM
	3. SEX	Male	4. RACE White	٥	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAS	YRS		IF UNDER 24 HRS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN Bohemia	75. CITIZEN OF W	Α.	MARRIE		9 BALTIMORE CIT		TY OF DEATH	MD.
1	Sa	lisbury	Peninsu	ila Gene	eral H	or other institution ospital	TYPE OF WORK FOR MO	ST OF WORKING	12b. KIND (INDUSTRY	OF BUSINESS OR
6	130 S			SIVE RESIDENCE BEFO 13t. CITY OR TOY Selby		134. INSIDE CITY LIMITS?	83Church	Street	DE C	19975
2			known	LAST	1/-	15. MOTHER'S MAIDEN N.	Unknown		LA	
3			ARMED FORCES? GIVE WAR OR DATES) WWI	234-03			cances Mon Street, Sell		Delawa	
	NOIL	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR (c) IT CONDITIONS CO	it sail	DEATH BUT					
1	CERTIFICATION	19a, DATE OF OPERATION	196 CONDIT	0	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	ES, WERE FIND! TIFYING CAUSES YES [NGS USED S OF DEATH?
1	MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220.1 certify that (1) (1)	DEATH HOUR A.N P.N 21e PLACE C (AT HOME STRE	A. MONTH [A. DF INJURY ET, FACTORY, OFFICE deceased from	FARM ETC)	216 HOW INJURY OCCU 216 LOCATION STREET 3 19 83	CITY 0	r town	COUNTY	STATE that (1) lost
		saw the deceased alive above, (II (aug.) (did) (did) (27b. SIGNA) URE	24 a. W		2 1	DEGREE M.D. ATTENDING PHYSICIAN 122e ADDRESS 100 POWE	MEDICAL S	TAGE	22c. DATE	signed 27/85
	23a. B	BURIAL, CREMATION, REMOV	<u> </u>	230	NAME OF C	EMETERY OR CREMATORY OF YOUR CONTROL OF YOUR	23d. LOCATION	,	COUNTY	Maryland
	24 FU	UNERAL DIRECTOR Holloway Funero				25a. D.A	TE REC'D. BY REGISTR			TURE

6 60M 7/84 (VRA 15, 4)

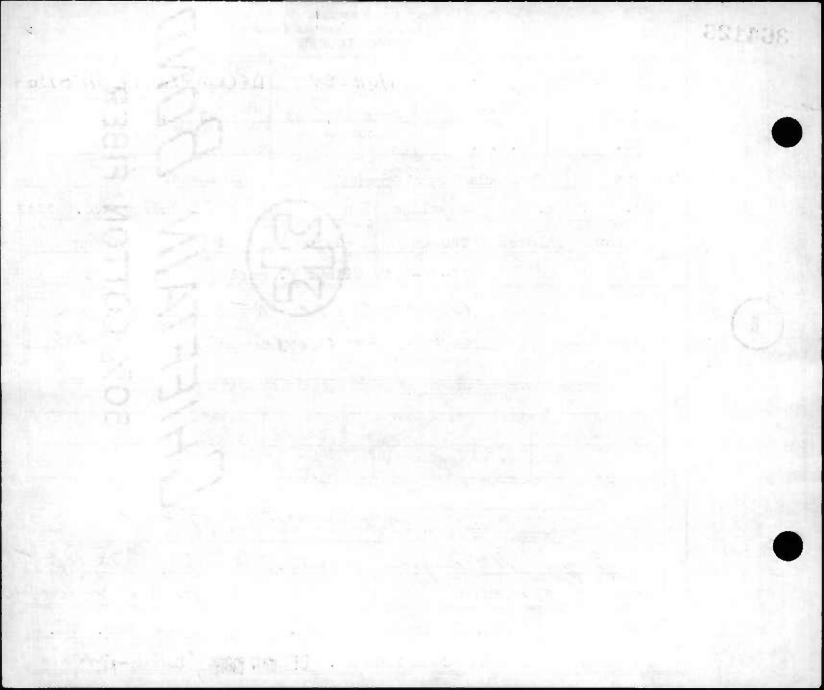
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove corbon pages it with the State Dept. of Health and Mental Hygiene prior ta burial, cremotian, or removal MAPORTANT: If Hem 21 is marked or Hern II attack any injury, or other troumatic event it in



13091	1-	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA		ENE 3 5	3	5 3	8 /
moy be poge 3		OR PRINT)	tney	Lunn	14	soks		2a. DATE OF DEATH	/2 30		12:57 M
ge 4 moy ector. pog urs ofter de	3 SEX		Cauca	sian	5. DATE O		YEAR	S. AGE (IN YEARS LAST BI		UNDERTYEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Po	C	RTHPLACE (STATE OR FORE) OUNTRY)	us	WHAT COUNTRY?			RCED	BALTIMORE CITY OF WICOMICO	OR COUNTY OF	MD.	
by the fulled with	Şa.	ty or town of death Lisbury	Peninsu	Peninsula General Hospit Peninsula General Hospit			TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		12b. KIND OF BUSINESS OR INDUSTRY — NA —	
filled in hould be	13a. S	aryland a		13c. CITY OR TOV				13. STREET ADDRESS R+2 Bo	ZIP CODE		21863
completely and 2 s	1	THER'S NAME FIRST ZAMES (AS DECEASED EVER IN U	J.S. ARMED FORCES?	T Hooks Freda				Ann ADDR	FSS	Bounds	5
Poges			FYES, GIVE WAR OR DATES)	220 02			. Hook	ks, Snow H		rvland	
requires that the death ex signed by the arending. Then please removications or to bariol, corrested syramy y mjury, an ather traumatic eve	TION	Conditions, if any, what gove rise to immedicate (a), stating underlying cause I	DUE TO, OR DUE TO, OR nich tote the ost. CANT CONDITIONS CO		JEATH BUT I				IDITION GIVEN	IN PART Tro	
The low	CERTIFICATION	19a DATE OF OPERATION			H OPERATION	WAS PERFORME		200 AUTOPSY?	IN CERTIFYIN	VERE FINDING NG CAUSES O	
O firtySiClabs, other sites cartifical are this cartifical and the burdelines and Meed or file it is a feed or fil	MEDICAL CE	21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE AT WORK	HOUR A.A XAMINER) P.A 21e PLACE C	л. МОПТН D л.	19	211 LOCATION	Y OCCURRE	D (ENTER NATURE OF INJU		ORPART 2)	STATE
ATTENDEN PROPERTY ATTENDEN ATTENDE ATTENDEN ATTENDEN ATTENDEN ATTENDEN ATTENDEN ATTENDEN ATTENDE ATTENDEN ATTENDE ATTENDEN ATTENDE ATTENDEN ATTENDEN ATTENDEN ATTENDEN ATTENDEN ATTENDEN ATTENDE ATTENDEN ATTENDEN ATTENDE ATTEN		220.1 certify that (1) (thi saw the deceased a above, (1) (we) (did)		19_			9 85) opinion de	, to <u>12 - 3</u> @ eath occurred on the o		nd from the co	
a HOSPITAL OR numed by the hospital or LINEBAL DIRE could be detached in the Store During PORTANT. If here		226 SIGNATURE 200 HYVICIAN'S NAME	Paper (TYPE OR PRINT)	ms		ATTEN ATTEN PHYS 22e ADDRESS	NDING SICIAN	MEDICAL STA		12-3	0-85
TO HO should should with the	23a. B	URIAL, CREMATION, REA	D Pein NOVAL 23b. DATE	on M.	P. NAME OF CE	207 Man	MATORY	Avenue S 123 d. LOCATION	alishary	, Md	21801
BP	_	Burial	1/2/8	86	Trini	ty Meth.			k, Mary		STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	Neral director Norman F. I	Dennis, Sn	ow Hill,	Maryl	and	JAN	REP. BY REGISTAN	25b. REGISTRA	SIGNATUR Davidson	Randell.

d. 13 COU S NAME FIRST ARTOW A ECEASED EVER IN U.S. AF OR UNKNOWN) (IF YES, GI ON ON ORTHORDORY) AUSE OF DEATH (Enter o ART I. DEATH WAS CAUSI	Peninsula Ger Pe	MARRIE WIDOW JURSING HOME OF STREET ADDRESS! METAL HO BEFORE ADMISSION! RTOWN TINGE SECURITY NO. 48-295 ABOUT COMMENTS OF SECURITY NO.	DAY YEAR 10 25, 1903 10 XXNEVER MARRIED DIVORCED DIVORC	May ADDRESS Hurley It	IF UNDER TYEAR IF UNDER 24 HRS
EMALE ACE (STATE OR FOREIGN MMd. RTOWN OF DEATH OUTY SIDENCE (IF NURSING HOME O ATTOWN S NAME FIRST ATTOWN COLUMN OF DEATH OR UNKNOWN) (IF YES, GI OR UNKNOWN) AUSE OF DEATH (Enter o ART I. DEATH WAS CAUSI IMMEDIA diditions, if any, which the rise to immediate se (o), stating the	A RACE White 7b CITIZEN OF WHAT COUN U.S.A. 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Peninsula Ger Peninsula Ger Peninsula Ger ANDOLE	MONI JU: NTRY? 8 MARRIE WIDOW PURSING HOME OF STREET ADMISSION OF TOWN	DAY YEAR 10 25, 1903 ED	8 AGE (IN YEARS LAST BIRTHDAY) 82 9 BALTIMORE CITY OR COUN WICOMICO 1726 USUAL OC CUPATION (TYPE OF WORK FOR MOST OF WORKING homemaker 13e.STREET ADDRESS / ZIP CO 402 BOUND ME MADDLE MADDLE MADDLE MADDRESS HURLEY It	IF UNDER TYEAR IF UNDER 73 HIS MIN. STY OF DEATH MD 175 KIND OF BUSINESS OR INDUSTRY Walker Cem # 13 APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH IMME O.
Md. RTOWN OF DEATH OUTY SIDENCE (IF NURSING HOME O BISST ART OF UNKNOWN) AUSE OF DEATH (IF YES, GI OR UNKNOWN) AUSE OF DEATH (IE HER O AUS	white 7b CITIZEN OF WHAT COUNTY U.S.A. 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE PENINSULA GET OR OTHER INSTITUTION GIVE PESIGENCI INTY AMODIE AMODIE Tho RMED FORCES? IVE WAR OR DATES) DIMIT OF THE CAUSE (a) DUE TO, OR AS A CON (b)	MONI JU: NTRY? 8 MARRIE WIDOW PURSING HOME OF STREET ADMISSION OF TOWN	DAY YEAR 10 25, 1903 ED	9 BALTIMORECITY OR COUNTY WICOMICO 1720 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING homemaker 13e.STREET ADDRESS / ZIP CO 402 Bound ME May ADDRESS Hurley It	MDE 126 KIND OF BUSINESS OR INDUSTRY AVE. 2161 Walker Cem # 13 APPROXIMATE INTERVAL FINANCE O.
STOWN OF DEATH OUTY SIDENCE (IF NURSING HOME O COUNTY SIDENCE (IF NURSING HOME O ACTION SIDENCE (IF NURSING HOME O OUTY SIDENCE (IF NURSING HOME O ACTION AND INTERPORT OF THE NURSING HOME O AND INTERPORT OF THE NURSING HOME O AUSE OF DEATH (Enter o ART I. DEATH WAS CAUSI IMMEDIA Inditions, if any, which are rise to immediate se (o), stating the	U.S.A. 11. NAME OF HOSPITAL, N. (IF NOT IN SUCH FACILITY, GIVE PENINSULA GET PONINSULA GET PONINSUL	MARRIE WIDOW JURSING HOME OF STREET ADDRESS! METAL HO BEFORE ADMISSION! RTOWN TINGE SECURITY NO. 48-295 ABOUT COMMENTS OF SECURITY NO.	ED NEVER MARRIED DIVORCED DIVO	Wicomico 17.0 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING homemaker 13.0 STREET ADDRESS / ZIP CO 40.2 Bound ME May ADDRESS Hurley It	DE Walker APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH JAMES.
SIDENCE (IF NURSING HOME O DOT SINAME FIRST ATTOW ART I. DEATH WAS CAUSI IMMEDIA Iditions, if any, which re rise to immediate se (0), stating the	Peninsula Ger Peninsula Ger Rother institution Give resident Inty 13 City of Camb ALDRE Tho AMDDLE Tho RMED FORCES? 166 SOCIAL 215— Inty ane cause per line for (a), (1) DUE TO, OR AS A CON (b)	ESTREET ADDRESS! DETAIL HO EBFORE ADMISSIONING ETTINGE ST MAS SECURITY NO. 48-295 b), and ic. SEQUENCE OF	Spital 13d INSIDE CITY LIMITS? YES	13e-STREET ADDRESS / ZIP CO 402 Bound ME Middle May Address Hurley Item Address MIDDLE May Address Hurley Item It	Walker Tem # 13 APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH IMMED.
ATTOW ATTOW ECEASED EVER IN U.S. AFOR UNKNOWN) AUSE OF DEATH (Enter of ART I. DEATH WAS CAUSING IMMEDIAL Inditions, if any, which we rise to immediate see (a), stating the	ANDOLE TO, OR AS A CON (b) OR OTHER INSTITUTION GIVE RESIDENCY ANDOLE Tho ANDO	TOWN TINGE TOWN T	Isd inside city limits? YES NO IS MOTHER'S MAIDEN NAME FIRST Grace IT INFORMANT Wilbur F. RY FRILL	May ADDRESS Hurley It	Walker cem # 13 APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH /MMED.
ACT I. DEATH WAS CAUSI IMMEDIA Inditions, if any, which are rise to immediate se (o), stating the	RMED FORCES? INE WAR OR DATES) INITIAL TO THE PROPERTY OF THE	MAS SECURITY NO. 48-295 b), and (c). SEQUENCE OF	Grace 17 INFORMANT Wilbur F.	May ADDRESS Hurley It	PPROXIMATE INTERVAL BETWEEN OMSET AND DEATH IMME O
AUSE OF DEATH (Enter of ART I. DEATH WAS CAUSI IMMEDIA iditions, if any, which the rise to immediate set (a), stating the	inly ane cause per line far (a), (ED BY: DUE TO, OR AS A CON (b)	48-295	Wilbur F.	Hurley It	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH JAME D
ART I. DEATH WAS CAUSI IMMEDIA diditions, if any, which we rise to immediate se (0), stating the	DUE TO, OR AS A CON	SEQUENCE OF		ERSE	IMMED.
IMMEDIA aditions, if any, which we rise to immediate se (0), stating the	DUE TO, OR AS A CON	SEQUENCE OF		ERSE	
	CONDITIONS CONTRIBUTION	G TO DEATH BUT	T NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION (GIVEN IN PART Ita
PATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	DN WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
	AIR	H DAY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM I	18 PART OR PART 2)
NJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	400 /	Con amount	ing that in (my) (our) opinion	death occurred an the date and h	that (I) (we) last naur and from the causes stated
SIGNATURE	n h. The	m		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
				PEN STATI	on sanisbury
urial	12/17/85			23d LOCATION CITY OR TOWN Cambridge	Dor. Md.
L CELL LO	ACCIDENT WAS UNDERLYING DONTRIBUTING CAUSE OF DI ITHER NOTIFY MEDICAL EXAMINI NJURY OCCURRED E NOT WHILE Certify that (I) (this hasp ow the deceased alive or above, (I) (we) (did) (did in SIGNATURE OHYSTCIAN'S NAME (TYPE OHYS	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY ON TRIBUTING CAUSE OF DEATH HOUR A.M. MONTH P.M. MONTH P.M. MONTH P.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, CATHORY HOUR HOLD IN THE CONTROL OF TH	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR P.M. 19 NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) LETTING HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) LETTING HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) LETTING HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY, OTHER) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OTHER) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OTHER) 21e. PLACE OF INJURY (AT H	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DAY YEAR 21c HOW INJURY OCCURRED 21e. PLACE OF INJURY DAY YEAR 19 21l. LOCATION STREET 21c. HOW INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) 21l. LOCATION STREET 21ll. LOCATION STREET 21ll. LOCATION 21ll. LO	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 12b. TIME OF INJUR

STATE OF MARYLAND



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FOR - STATE CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

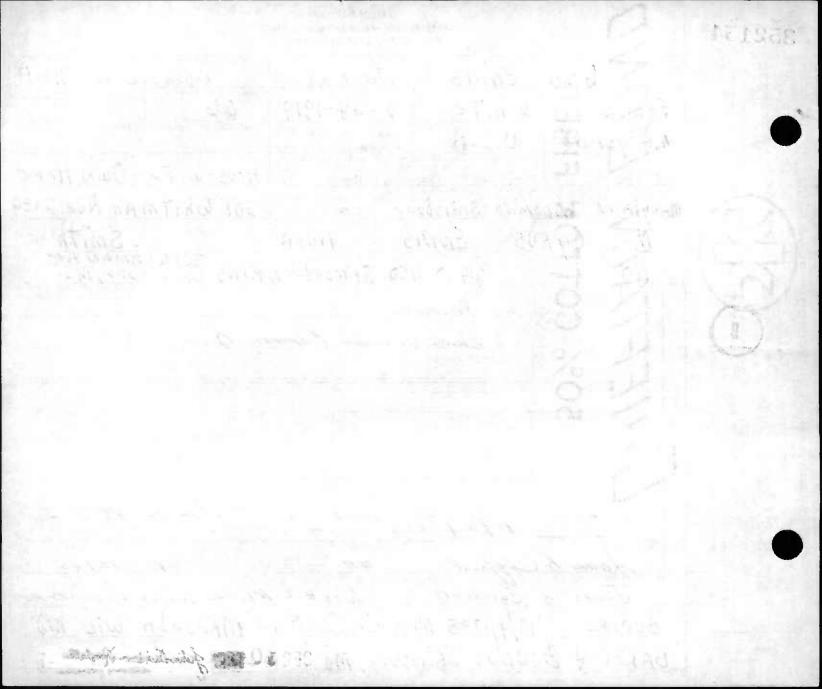
4	0	5	52	.)	L
REG. NO.					

20		REGISTRAR				REG. NO.		
00000		CEASED NAME FIRST OR PRINT) Mami	o Jane	ARE	Re #	20 DATE OF DEATH MONTH DA	1 85 2h	HOUR
	3. SE		4. RACE	5. DATE C	OF BIRTH			INDER 24 HRS
	ar.	Female	White	08	06 94	9/ YRS.	DATE TO	URS MIN.
35	7a. BI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? $U \cdot S \cdot A \cdot$	MARRIE WIDOWE		9 BALTIMORE CITY OR COUNTY O	OF DEATH	MD
TO		Salisbury	11. NAME OF HOSPITAL, NURSIN (IENOT IN SUCH FACILITY GIVE STREET Riverwalk Ma)	G HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) NOMEMAKET	126 KIND OF BUINDUSTRY	
26		TATE 136 COUN DOT	ITY 13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE 207 Brohawr	a Ave.	21613
9	14 FA		ames Jarret	t	15 MOTHER'S MAIDEN NAM Amanda	MIDDLE	TY OF DEATH MD LIFE) 12b KIND OF BUSINESS OR INDUSTRY DE APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH GIVEN IN PART 1:0 ES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO STATE COUNTY STATE	
12		(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 214-07		17 INFORMANT Irvin Jone	ADDRESS es Cambridge M	id.	
			ly one couse per line for (o), (b), one D BY E CAUSE (o)	est	ve heard	Sarlune		
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.		NCE OF	el anteni	0	925	
4	Z		CONDITIONS CONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVE	N IN PART TIO	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		IN CERTIFYI	NG CAUSES OF	DEATH?
7		21a, ACCIDENT WAS UNDERLYING		Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM IS PAR		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AS WORK	210. PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (I) (this hospi sow the deceased three an above, (I) (we) (did) (did no	ton ottended the deceased from 19 8	-	nd that I (my) (our) opinion d	to Z-3 19	ond from the cous	(1) we) lost es stoted
1		226 PAYSICIAN'S NAME (TYPE O	Bulledy V	ng	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		
IMPORTANT	23a. B	URIAL CREMATION, REMOVAL	1	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	- (burial	1/3/86 G:	reen	Lawn Cem.	Cambridge I	or.	Md.
/B4		THOMAS FUNE	RAL HOME CAM	BRIDO	GE MD. JAN S			.00

indigate, and the sequence may be executed within 24 hours offer death. Foge 4 may be reading although the second of the second

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

					STAT	E OF MARYLAND				
	1 -	FOR STATE REGISTRAR		DEPAI		EALTH AND MENTAL HYG	GIENE 8 5	ن اه.	5	9 1
1_ (DEC TYPE (EASED NAME	FIRST	ENNIS	7	AST	20. DATE OF DEATH	MONTH DA		DI HOUR F
3	SEX		LULA	RACE	5. DATE C	PERITH LATE - 1989	6 AGE (IN YEARS LAST BE		UNDER I YEAR	9700 M IF UNDER 24 HRS HOURS MIN.
2 (70	. BIR	THPLACE (1)	ATE OR FOREIGN 76	CITIZEN OF WHAT COUNTR	Y? 8.		9 BALTIMORE CITY	YRS.	F DEATH	
29	1	TATYL	AND	N.2.4	WIDOWE		Wicomic			MD.
1		rortown c Lisbur	y, MD	I. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Peninsula G	eneral		120 USUAL OCCUPAT TYPHOF WORK FOR MUST HOUSE W		125 KIND OF INDUSTRY	HOME
	g S1	RESIDENCE I	IF NURSING HOME OR OF	MILO SALIS	FORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e STREET, ADDRESS	Ziekope	AN AL	re 218
21	FAT	HER'S NAME	CUR	U'S ENT	J15	15 MOTHER'S MAIDEN NA	WE		SMI	th
16		AS DECEASED	EVER IN U.S. ARMI		7150	SAMUELJEN	KINS 3	4456	MAN	AVE 10.
		8 CAUSE OF PART I. DE	ATH WAS CAUSED		,					ATE INTERVAL ISET AND DEATH
1			IMMEDIATE		DUENCE OF					
		gave rise to	f ony, which o immediate stoting the cause last.	(b) Cheric	Osstu	utre Pulmon	eay Descri			
a		PART 2 OTHE	R SIGNIFICANT CO	NDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	IN PART Ita	
Ž	CERTIFICATION	9a DATE OF C	PERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES O	
- /- /-		OR CONTRIBUTION	VAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ.	RY IN ITEM TS PART	I OR PART 2)	
1	2	WHILE WORK	CCURRED	216. PLACE OF INJURY		21f LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE
		saw the d	leceased alive on) attended the deceosed from 19 yiew the bady after death.	E : ~ /	11-10-, 19 85 and that in (my) (000) opinion		-	, 1710	at 111 (we) last uses stated
		12b. SIGNATIO	7	Paul a		DEGREE ATTENDING _	_ MEDICAL STA		22¢ DATE SI	1
1		2d. PHYSIC ON	S NAME (TYPE OR P	CC .	97.5	PHYSICIAN [DIRECTOR PHYSI		12-1-	2.2
123	o Bi		TION, REMOVAL	CHIRRORO 23b. DATE 23	NAME OF C	SUITE # 12 EMETERY OR CREMATORY	MEDICAL C	ENTER	c/144131	BURY ALL
	(5	BURI	AL	12/4/1985 1	MANde	LA CEMETEI	MARO	eLA	Wic	My.
/84	1	AME	r + Bo	OUNDS SAI	ishun	y Mà DEC	REC'D. BY REGISTRA	IZSH REGISTRA	R'S SIGNATUR	IE 300
has					- 7		7		A STATE OF THE PERSON NAMED IN	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

requires that the death certificate be

TO HOSTIAL OR ATTENDING PHYSICIAN: The low retaines by the hospital or attending physician.

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neral director, page 3 in 72 hours after death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	do.		3	5		4	4
REG. NO.				-6	1	Cas	
DEA	TH	MONTH	DAY	YEAR	2b. H	OUR	
				100			

		REGISTRAR		CERTIF	ICATE OF DEATH		REG. NO).	2 ()	2 day
		CEASED NAME FIRST	MIDDLE		AST	20 D	ATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
		GAM		John	NSON, JR.	$\perp D$	ECEMI	3ER 26	1983	0440
	3. SEX	MALE	NEGRO	5. DATE C	F BIRTH YEAR 24	6 AG	E (IN YEARS LAST BIRT	MONTH		UNDER 24 HRS
)	76 BIS	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIE!	M NEVER MARRIED	9 BA	COMICO	COUNTY OF D	EATH	
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWE NG HOME C	ROTHER INSTITUTION	<u> </u>	ISUAL OCCUPATION	ON 12	L KIND OF B	MD.
1		lisbury	(IF NOT, IN SUCH FACILITY, GIVE STREE Peninsula Gene OTHER INSTITUTION, GIVE RESIDENCE BEFOR		spital	Te:	of work for most of		OUSTRY 10501ta	76
)	130. S	RYLAND 13h COUNTY			13d. Inside City Limits	20	REET ADDRESS /	1 1	ney A	r. /21826
9	14. FA	TAMES	Johnson,	SR,	15. MOTHER'S MAIDEN	NAME	WIDDLE	(u	nkno	wn)
	16s W	AS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SEC FMABOR DATES) 221-14	- 9719	Rasalee -	Johson	SAME			
		PART I. DEATH WAS CAUSE			MONARY	A.A	OFIT	-	APPROXIMAT BETWEEN ONS	ET AND DEATH
		IMMEDIAI	DUE TO, OR AS A CONSEQU	-a	· /····/·	11.7	11201			
		Canditions, if any, which	0	BAE	MYOCAR	PIA	LINI	FARCTIO	N_	
		gave rise to immediate couse (01, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF						
	N	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	TERMINAL D	ISEASE OR COND	ITION GIVEN IN	PART lia	
1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED		AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES []	CAUSES OF	S USED DEATH?
		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OC					
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19						
i	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	FARM ETC }	21f LOCATION STREET		CITY OR TOV	/N C	YTHUC	STATE
	-20	AT WORK AT WORK	tal) offended the deceased from.	12	29 10	83	12-0	Z6 10	Pos that	t (l) (we) lost
i		saw the deceased alive on abave, (I) (we) (did) (did no	12 -20 10	93, an	d that in (my) (aur) apir	nion death o	occurred on the da	te and havr and	, ,,,,	
		22b. SIGNATURE	Trylew me body differ deam.		DEGREE				2t. DATE SIG	SNED
		Innis	& Clodne	be.	M D ATTENDIN PHYSICIA	N DIRE	OICAL STAF	AN 🗌		
		228 PHYSICIAN'S NAME (TYPE O	RPRINT		22e ADDRESS	1	D .		218	50/
-	23a BI	URIAL, CREMATION, REMOVAL	nada icki	NIAME OF C	I FEATHER	Son	E VEIV	E DAY	ISBUK	Y WIB.
		BLIRIAL	12/27/85 M	T. CALL	ARY U.M. CE	m. Za	CITY OR TOWN	Nicor	rico	Nd.
	24 FU	DIES MEANDIA	1 Chapel ADDRESS	JERS	EY Rd 250.	DAUREC	By REGISTRAR	Sh. REGISTRAR'S	SIGNATURE	Handelle
	Vi	VILLIVICE IM	L CHIPEL Y	A 2001	y, Ma,					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbonipapers. Page with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medic

S. Personers ready Annual Committee of the the same of the sa

STATE OF MARYLAND

				STATE OF MAKTLAND			
2137 1	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. N	3 5	3 9
	ECEASED NAME PE OR PRINTS	Alton	Jimes	Jones, Jt.	20. DATE OF DEATH	11-23-85	
3. 51	× Male	4 RA	Blzch	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	YRS.	
Ja 8	COUNTRY)	FOR FOREIGN 76. CI	TIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	٨
1 2 9 2	alisbury		NAME OF HOSPITAL, NURSIN IF NOT, IN SUCH FACILITY, GIVE STREET ENINSULA GENE!	AG HOME OR OTHER INSTITUTION CALL HOSPITAL	12a USUAL OCCUPAT		
USU 13a.	JAL RESIDENCE (IF	NURSING HOME OR OTHER 13b. COUNTY	INSTITUTION GIVE RESIDENCE BEFOR	The state of the s	13. STREET ADDRESS	ZIP CODE 2	1865
75/	ATHER'S NAME	MIDDLE	Jones LAST	15 MOTHER'S MAIDEN N	leth MIDDLE	Peters	LAST
medico 160	WAS DECEASED E	VER IN U.S. ARMED F		JRITY NO. 17 INFORMANT 4976 LUCY	E. Jones	TXISAM	N
hen please remove carbon pro- roburial, cremation, ar remove jury, ar ather troumatic event,	Conditions, if gove rise to couse (a), sunderlying c	IH WAS CAUSED BY: IMMEDIATE CAU ony, which immediate stating the ouse lost.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	rach Cancer	MINAL DISEASE OR CON		Opmate interval
Hygiene prior to b 8 shows any injur	19a DATE OF OP	ERATION	96 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
entol Item	(IF EITHER NOTIFY	CAUSE OF DEATH	P.M. TIME OF INJURY HOUR A.M. MONTH D	19			
rked or	WHILE NORK		Te. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, I	PARM, ETC.)	CHECKIC	La CS	STATE
ched for use of Dept, of Healt them 21 is mo		ceosed olive on ver(did) (did not) view	ttended the deceosed from 17/23 19 v the body after death.	DEGREE	death accurred on the	22c. DA	ATE SIGNED
should be detoched with the State Dept.	22d. PHYSICIAN	S NAME (TYPE OR PRINT	ELALL, MI	PHYSICIAN 22e ADDRESS 1300	MEDICAL STA	Sion 57 1 2180)	- 23-8
0 + 5 ×	BURIAL ERPMATI	ON, REMOVAL 236		NAME OF COMETERY OF CREWATORY	236,10CATION	KINCHOUNTY 1	My "STATE
16 60M 7/84	WHELL	- 90/00	sull B	V3 We, Md 12DE	KREC'D. BY REGISTRAR	120 DEGISTRAR'S SIGN	

DHMH - 16 60M 7 (VRA 15, 4)

(1)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

RF	C	NO	

	3	5	ß	9	
ONTH	DAY	YEAR	2b	HOUR	

126. KIND OF BUSINESS OR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S

	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
TIPPE	PAULIN	Ε	JONES	12-19-85		625
3. SE)	Female	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 76 YR		IF UNDER :
	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY C.S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	Meco	
8	CLS DUTY	THE NOT IN SUCH FACILITY. GIVE SHEE	ing home or other institution it appress) Manua Mursing hime	120. USUAL OCCUPATION [TYPE OF WOR WOS OF WORLD	12b. KIND O INDUSTRY	F BUSINE
130. 5	AL RESIDENCE OF PRING HOME OR STATE MALE WILL	OTHER INSTITUTION, GIVE RESIDENCE BEFO IN EITY OR TOV	Md YES NO X	BESTREET ADDRESS / ZIP CO	ODE Pelm	ar
	William	MIDDLE Karman	15 MOTHER'S MAIDER STAIL	ADDRESS	Carl	en
		214-32	0293 Roberthak	tarris. Po, Bot.	69. Pels	nan
	PART I. DEATH WAS CAUSE	ly one cause per line (pr (a), (b), a D BY: 'E CAUSE (a)	al Thrombose	1	pho 1	U & C
	Conditions, if any, which gove rise to immediate cause (a), stofing the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUE	al Cutribsoleros	Sa	yes	119
ERTIFICATION	PART 2 OTHER SIGNIFICANT OF COLOR OF OPERATION	Mellitus.	DOEATH BUT NOT RELATED TO THE TERM ON GESTIVE HEA HOPERATION WAS PERFORMED	1 Fai woo 1200 AUTOPSY? 1206. IF	YES, WERE FINDIN RTIFYING CAUSES	NGS USED
CALC	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER			RED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	10-16	CITY OR TOWN	COUNTY	S
	sow the deceased alive on	tal) attended the deceased from 19 11) view the body after death.	9 19 85 and that in (new) (aur) opinion DEGREE	death accurred on the date and	hour and from the	
	22d. PHYSICIAN'S NAME (TYPE O		MD, ATTENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR PHYSICIAN	12.1	19/8
23a 8	THOMAS BURIAL DEMATION, REMOVAL	C. HiLL	TR PINE BLUINAME OF CEMETERY OR CREMATORY	Rood Sales	bu.ey . 1	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Franking of But 08011 - Western Carlotter and Carlotter

*	Tal.	are her been signed by the attending physician and (anglerely fillings) by the funeral director, page 3 p.)
	100	# C.
	. The law requires, that the death certificate be executed within 24 hours after death. Page 4 may be suitain.	96
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ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	2	0
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DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

1	FOR STATE REGISTRAR	DEPARTM	IENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 5	3 5 3	9 5		
C	DECEASED NAME FIRST TYPE OR PRINT) ROYCE	HARRIS.	JONES	DECEMB	ER 27.1985	OP30M		
3	FEMALE	NEGRO	5. DATE OF BIRTH 9'TH 29 57	28	MONTHS DAYS	HOURS MIN.		
70	BIRTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	R COUNTY OF DEATH	MD		
0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Peninsula Genera		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O		SHA.		
	AL RESIDENCE (IF NURSING HOME OF TATE AND 186 COURT	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS	ZIP CODE / 2180	/		
14	CARLTON JA	MES HARRIS	S MARTHA	MIDDLE	DUTT	W		
160		RMED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 2/4-68	-6099 Ode//B	JONES, S	AME AS	4bovE		
Γ	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and ED BY: TE CAUSE (a)	e Scleroses		APPROXIN- BETWEEN O	MATE INTERVAL ONSET AND DEATH		
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE			ST 5			
3		CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 110			
NOTE OF THE PARTY	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	OR COLUMNIA COLUMN OF DE	ATH HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART 2)			
AND AND AN	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC.) 21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE		
l	220.1 certify that (this hasp saw the deceased alive above, ()	ortal) attended the deceased from12 / 2/19	12/25/85 , 19 83 , and that in (mm) (aur) apinion	death accurred on the do	te and hour and from the c	hat (we) last auses stated		
	ZZIL SIGNATURE	Layron S	DEGREE ATTENDING PHYSICIAN [MEDICAL STAP	22c DATE S	7-85		
	22d. PHYSICIAMS NAME (TYPE C	94 TON	PC++mC	SAUSA	ury Md 2	1801		
23	BURIAL CREMATION, REMOVAL	114/86 Sp	AME OF CEMETERY OR CREMATORY	23d LOCATION LIVERTOWN	Wicomico	Ud		
24	FUNERAL DIRECTOR	Rt.2N	ERSEY Rd. 250. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATU	JRE		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23	Ú	C	5

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	
		EASED NAME FIR	ST MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
D	MANUE .	OR PRINT)	NA Laura	Kon	F MANN		Deci 1	85 4:10
	1. SE		4. RACE	5. DATE O		6 AGE (IN YEARS LAST B		ER I YEAR IF UNDER 24 HRS
		= emale	W	MONTH 04	02 1892	93	YRS	DATS HOURS MIN
1.	7a B1	RTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY		EATH
		ushington. D	C. U.S.A.	WIDOWE	D NEVER MARRIED D	Wicomico		A/
		TY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUSINESS O
0	5	HIS bury	SA LICELLA	Y, GIVE STREET ADDRESS)	na Home	Presiden	F WORKING LIFE) INC	ngraving Co
	USU	L RESIDENCE HE NURSING	OME OR OTHER INSTITUTION GIVE RES	IDENCE BEFORE ADMISSION				rigital vicity Co
10		Ambella I		ty or town	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	well Lan	0. 20914
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	,	
5	0	Henry	MIDDLE	Frain	Emma	WIDDLE	Hau	wkins
3.9	16a V	AS DECEASED EVER IN U	.S. ARMED FORCES? 166 SC	OCIAL SECURITY NO.	17 INFORMANT (Daug	hton 26198	Evans Dr	
)	t,	ES NO OR UNKNOWN) (IF	YES GIVE WAR OR DATES)	-26-4190	Mary Ann Con		Spr. Md.	
-	-				Mady Ann Con	mu Su.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS		in here	Urambo:	571	-	2 MOS-
		IMA	AEDIATE CAUSE (0)	reace 1	Will will war	-74		9277034
			· OIO	CONSEQUENCE OF	10.40	oscheros		in.
		Conditions, if ony, whi gove rise to immedia		reneer	an certesin	Sum	70	4011
			the DUE TO, OR AS A	CONSEQUENCE OF				,
			(c)					
	z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ADITION GIVEN IN	PARI IIO
	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	1206 IF YES WER	RE FINDINGS USED
7	FIC.	THE DATE OF OTERATION	The Condition	OK WINCH OF EXAME	NASTEN ONNED		IN CERTIFYING	CAUSES OF DEATH?
	ERT	21g. ACCIDENT WAS UNDERLY	ING 1216. TIME OF INJU	RY	21c. HOW INJURY OCCUR	YES NO NO	YES D	NO 🗍
9		OR CONTRIBUTING CAUSE			The transfer occount	(ENIERIANIONE OF IN)	JAP HE HEM TO PART TO	(, , , , , , , , , , , , , , , , , , ,
/	MEDICAL	(IF EITHER NOTIFY MEDICALE)		19	21f. LOCATION			
,	MED	21d INJURY OCCURRED	21e PLACE OF INJI	TORY, OFFICE, FARM, ETC.)	STREET	CITY OR I	OWN CC	DUNTY STATE
		AT WORK		d.	13 00	- 111	161	
n,			hospital) attended the deced		19.03	to	19	, that (I) (we) l o
		sow the deeosed of	did not your the body after a	path 19 . o	nd that in (my) (our) o pinion	death occurred of the	rate ond hour ond t	from the couses stated
		22h BIGHAFORE	// //	//	DEGREE			2c. DATE SIGNED
		Alla	HILLIKE	2 1	ATTENDING PHYSICIAN	MEDICAL STA	CIAN	12/2/81
	-	771 PHYSICIAN'S NAME	(TH OFFERS)		22e ADDRESS			//
		DR. EARL M.	BEARDSLEY		CIVIC AVE, &	RT. 50. S.	ALTSBURY.	MD. 2180
	23a. E	URIAL, CREMATION, REM	OVAL 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
7	Bur	ial	Dec. 4.198	35 Cedar H	ill.	Suitland	. Pri. G	eo. Marylo
			ancis J. Colli		DEP	E REC'D. BY REGISTRA	R 256. REGISTRAR'S	
34	50	O University	Blvd. W. Sili	LOH SURING	Md 2090	5 1985	Shirt mentions	-Made
	77	1 UILLE WALL	Divu. W. Jul	or sproutly,	1.100 6 6 0 7 0 1			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 353290 STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH TYPE OR PRINTS Arthur K. 1.5EX 4. RACE Mar. 8, 1920 Male Cau. 65 a. BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wicomico Delaware U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION Peninsula Ceneral Hospital TYPE OF WORK FOR MOST OF WORKING LIFET Salisbury Machine Opert. USUAL RESIDENCE (IF NURSING HORE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? Somerset Maryland Chance YES X P. O. Box 81 NO [FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST King Elizabeth Smith Lorenzo King ADD 963 Princeton Terr. 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Yes 138 16 6422 Betty Jane Faber-Glen Burnie, MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES 🗌 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC) WHILE NOT WHILE 11-18-85 12-11-22a.1 certify that (1) (this hospital) attended the deceased from_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

M.D.

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

22d PHYSICIAN YNAME THE PRINT N. GALIFIANAKIS GEORGE

lunuxo

22b. SIGNATURE

21801 Salisbury, MD

MEDICAL

DIRECTOR PHYSICIAN

STAFF

ATTENDING

PHYSICIAN

2h HOUR

126 KIND OF BUSP Foduct

Forrest/Mfg

21816

22c DATE SIGNED

12-12-85

INDUSTRY

Georgetown, Sussex, DE CA14,1985 Cokesbury Cemetery 25a. DATE REC'D La Savidson-Randalle Bridgeville, DE 19933

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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by the Tuneso director page 3

carban popers. Poge

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to buries.

IMPORTANT: If Hem 21 is marked or Hem 18 sho

B

ATTENDING PHYSICIAN: The law requires

etained by the hospital or attending physician.

TO HOSPITAL OR

injury, or other troumotic event, the

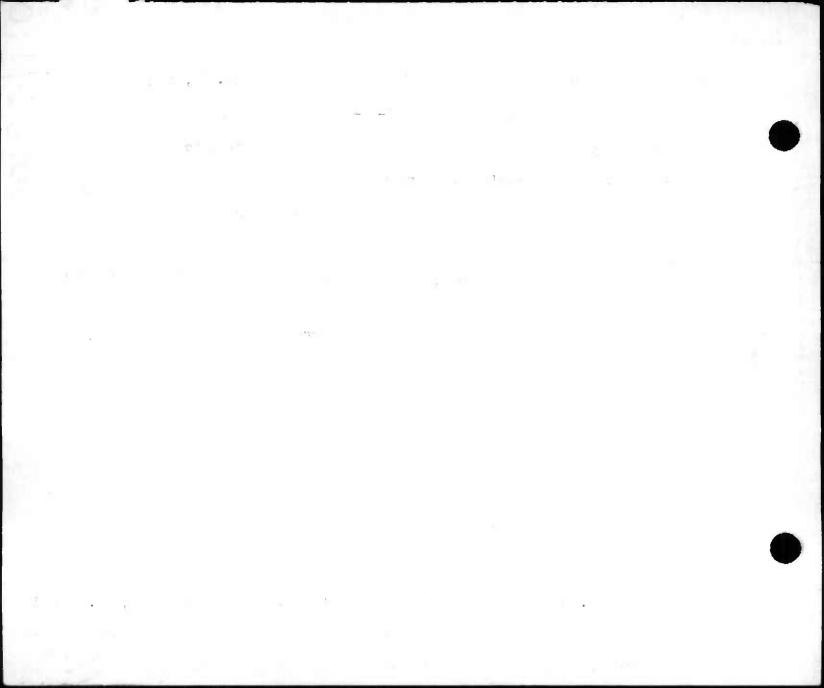
certificate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
CERTIFICATE OF DEATH							

2

1		REGISTRAR		CERTITI	CAIL OI DEAT		REG. NO.				
1		CEASED NAME FIRST	MIDDLE	LA	AST		20 DATE OF DEATH MONTH	H DAY	YEAR	26. HOUR	
	(TIPE (Joseph	nine	KING			Dec. 15, 19	85		40 11	-
ı	3. SEX		4. RACE	5. DATE O			AGE (IN YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNITER 24 HRS. HOURS MIRE	-
J	Fe	FINHLE	Black	Ol-C	8-06°	AR	77	rRS.	15 DATS	HOURS MIRE	
1	7a. BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	□ NEVER MARRIE	, LJ	BALTIMORE CITY OR CO		DEATH		
4	8 6	ARY/AND	U. S. H	WIDOWE			Wicomico			MD).
٦	TO CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	NC	12a USUAL OCCUPATION		2b. KIND O	F BUSINESS OR	
J	Sa	alisbury	Deer's Head Cer				Domectio		4D051K1	1221	
1	USUA 13a. S1	L RESIDENCE (IF NURSING HOME OR TATE 13b. COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIA	AITS?	13e.STREET ADDRESS / ZIP	CODE	218	01	_
	MA	ARYLAND Wice	omico Salisbu	124	YES NO		901 WEST	Rd S	41.5.1	7d 21801	
λ	14 FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIL	DEN NAM	E MIDDLE		ŁASI	r	_
A	ď	ECLUARDO	Smith		A 1	DE			Dale		
		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			4. 1	
ł	·	No	213-24-0	599	MADLE	BLAKE	901 WEST K	8 54	1tis. 1	Na	_
1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and	dicia				-	BETWEEN	MATE INTERVAL ONSET AND DEATH	_
1			TE CAUSE (0) HYPEYT	in sil	e griteri	osch	ensic cardi	Ollege	an,	Hear	2
1			DUE TO, OR AS A CONSEQUE	NCE OF	per phi	2	mouler dis	eres	(
		Conditions, if ony, which	(b)		•						_
1	-	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF							
1		underlying cause last	(c)								=
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CONDITIO	N GIVEN IN	N PART Ho	3 '	
100	077	198 DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION	WAS PERFORMED		20g AUTOPSY? 20b.	IF YES, WE	RE FINDIN	IGS LISED	_
f	CERTIFICATION	IN DATE OF OFERATION	TW. CONDITION TOR WHICH	OI EKATIOI	· WASTERI ORMED					OF DEATH?	
d	ER	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN IT		OR PART 2)	140	-
1		OR CONTRIBUTING CAUSE OF DE		YEAR							
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION						-
	¥	WHILE AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITY OR TOWN		COUNTY	STATE	
			ital) attended the deceased from_	18	2/2/ 19	25	10 12/15		85	that (I) (Ge) lost	_
		saw the deceased alive on	1) view the body after death.	P. t. on	d that in (my) (Or)	opinion de	eath accurred on the date an	d hour and	I from the	couses stated	
		226 SIGNATURE	A view the body difer death.	7	DEGREE		··		22c. DATE	SIGNED	-
P		(In	4. 4	1	ATTENI PHYSI	DING CIAN []	MEDICAL STAFF DIRECTOR PHYSICIAN	7	12/1	5185	-
	-	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	1	22e ADDRESS						_
		Tnia J. Hwar	10		Deeris H	lead (Center: Salis	hurr	Md	21801	
7		URIAL, CREMATION, REMOVAL		IAME OF C	EMETERY OR CREMA		23d LOCATION CITY OR TOWN		UNTY	STATE	=
		Burial	12-19-85 60	2EEN	ARCES		SALISTICUELY		COMIC	ALD	0.
	24 FU	INERAL DIRECTOR	ADDRESS			25a. DATE	REC'D. BY REGISTRAR 266 R			URE D	_
J	0	livition F. Steu	PART WEST Rd	SALis	MD.	DEC	2 4 1985	Pin Min	denn-V	Patherine	

DHMH - 16 50M 4/83 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

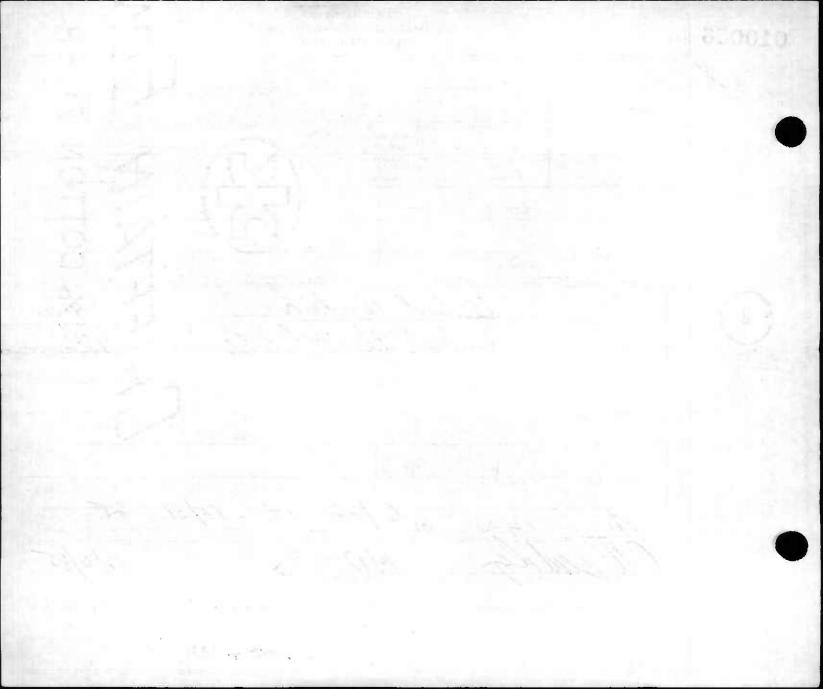
1	- STATE REGISTRAR		DEPARTA		ICATE OF	DEATH	SIENE O	REG. N	0.			
	DECEASED NAME FIRST		MIDDLE		AST		20. DATE OF	DEATH	MONTH	DAY	YEAR	2b. HOUR
	DONAH	Α.	LANGFORD)					12-	31_8	5	1.554 "
3	SEX	4 RACE		5. DATE C			6. AGE (IN Y	EARS LAST BIR	THDAY)	MONTHS	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
U	Female	Whit	е	Jan		1894	91		YRS	MONTHS	DATS	HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		MARRIED 3	9 BALTIMO	RE CITY C		TY OF D	EATH	
1	Marvland	U. S	. A.	WIDOWE		OIVORCED [LITOO	MTOO	COLDI	rns r		MD
1	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			120 USUAL C	OCCUPAT		126	L KIND O DUSTRY	F BUSINESS OR
	Salisbury	ISALISBII	RY NURSTN	G HOM	E		None					e trus
13	Maryland Wi	comico	Salisbu	n iry	YES 🔀	CITY LIMITS?	13e STREET A 400 D			218	801	
14,	FATHER'S NAME	MIDDLE	LAST		15. MOTHER	R'S MAIDEN NA	ME	WIDDIE			LAS	1
	Anthony M. Lang	- ·			Annie	e W. Col	lison					
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORM	ANT		1ADDR	S.	Divi	sion	St.
	No		218-30-17	788	Milby	y C. Lan	ngford	Sali	sbur	y. M	fd. 2	1801
TION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO	R AS A CONSEQUE CONTRIBUTING TO D ITION FOR WHICH	ENCE OF			AINAL DISEASE					MOG.
1	198 DATE OF OPERATION	148. COND	ITION FOR WHICH	OPERATIO	IN WAS FERF	OKMED			IN CERT	IFYING	CAUSES	OF DEATH?
MEDICAL CERTIFICATION		EATH HOUR A.	m. Month da m.	AY YEAR	21c HOW I	INJURY OCCURE	YES T	NO TURE OF INJU		YES T	R PART 2)	NO []
- ALE	ALMON OCCORRED		OF INJURY REET FACTORY, OFFICE F	ARM, ETC.)	STRE	ET	1	CITY OR TO	/ S	C	OUNTY	STATE
	224.1 certify flot (I) (this has say the deceased alive a along the latest (circle)	17/4	0 18		d that in (m)	y) (Au) opinion of	MEDICAL	STA	ff	, 19_ our and		that (II (we) last couses stated
23	EARL M BEARD BURIAL, CREMATION, REMOVA SPECIFUL BURIAL 1	LSEY, M.	23c. N		EMETERY OF	AVE & CREMATORY emetery	23d. LOCA	O. SA	M.ISB	URY,	MD.	21801 cyland
24	FUNERAL DIRECTOR	1 0 10	ADDRESS									URE

DHMH - 16 60M 7/B4

(VRA 15, 4)

10 FUNERAL DIRECTOR. should be detached for use with the State Dept. of Heo IMPORTANT. If them 21 is it

Marvel-Short Funeral Home Delmar, Del.

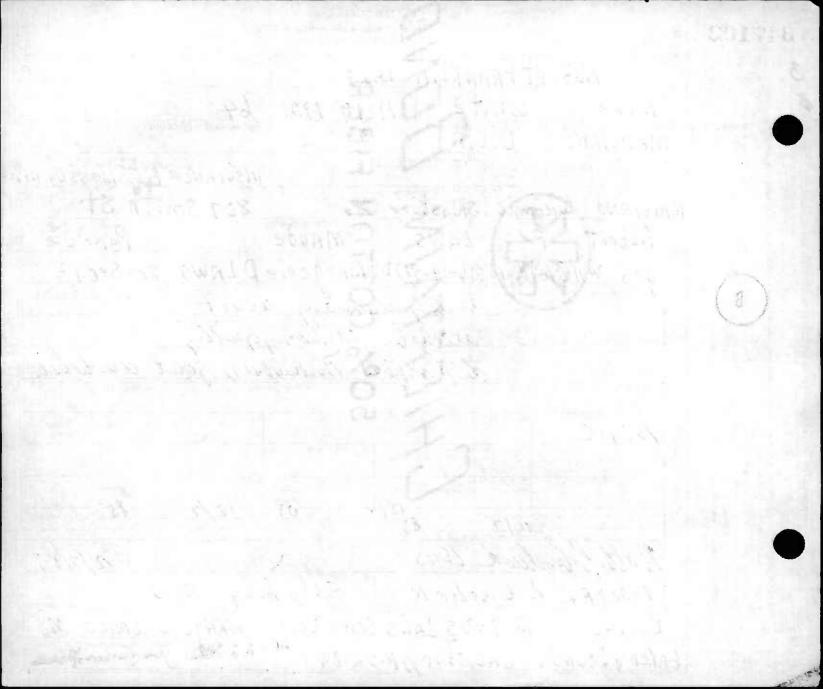


FOR				DEPARTM	STATE OF MARYL	
STATE REGISTRAR					CERTIFICATE OF	DEATH
ASED NAME	FIRST	1 -	→ MIDDLE		LAST	2a [

DEPARTM	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		J
	CERTIFICATE OF DEA	R	EG. NO.
	LAST	2a DATE OF DE	ATH MONTH

ı	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	DECEASED NAME (TYPE OR PRINT)	est FRANKLIN LAWS	12 7 85 1205 M
	MALe	white S. DATE OF BIRTH MANIE 1 64 192	AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 21 HBS MONTHS I DAYS HOURS MIN YRS
1	II. BIRTHPLACE (STATE OR FOREIG)	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED	
	Sa'i Irsbury, and	PENSISITA PRESENTE PROSPIES	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INSULANCE BUSSNESS OWNE
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	Canditions, if any, which gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A SEQUENCE OF US THINKS	my opentry alwholise
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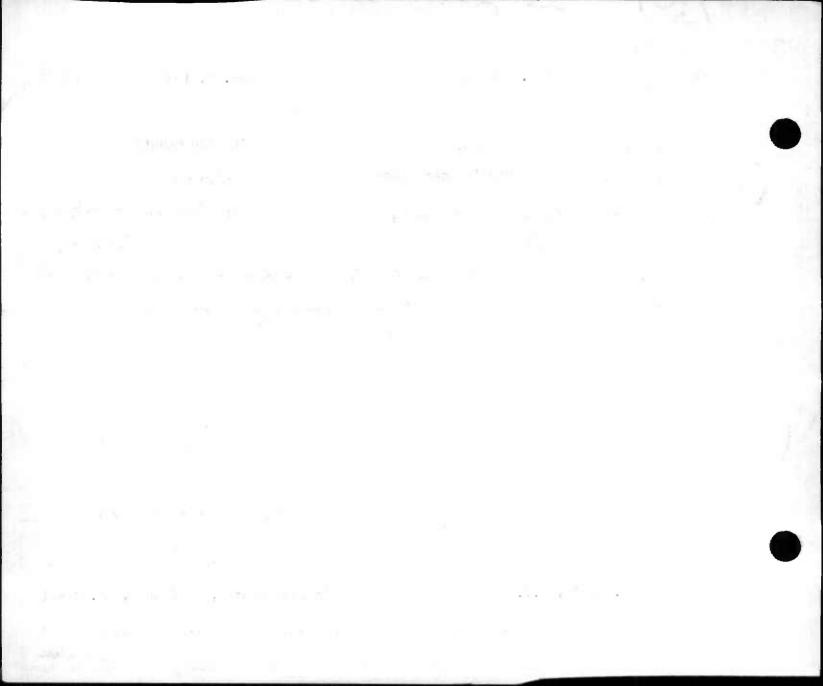


(VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ficate by physician papers. naval. ent, the		18 CAUSE OF DEATH (Enter or	ly one cause per line for (a), (b), o	and (c).)	. 1 12	APPRO BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
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TTEP pital pital for u of H	l	saw the deceased alive or above. (1) (we) (did) (did no	12 - 9 - 55 19.	, and that in (my) (our) opi	nion death accurred on the c	ate and hour and from the	he causes stated
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	AL OR A the hor AL DIRECT Jetoched Jose Dept.		226. SUGNATURE	Hennen	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12//8/85
	OSPIT red by UNER Id be the Str		22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS	with Rd	Splishung

23b. DATE

STATE OF MARYLAND

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FOR

STATE OF MARYLAND

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DHMH - 16 50M 1/B1 (VRA 15, 4)

(SPECIFY) Burial

12/28/1985 | Wicomico Memorial Park

Salisbury, Wicomico, Maryland

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

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Julia Varidian

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

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5	Maryland	U.S.A	١.	WIDOWE			comico				MD
1	10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION		SUAL OCCUPAT			D OF BUS	INESS OR
1	Salisbury	Penins	ıla Genera	al Ho	spital		sabled		INDUST	K I	
1	USUAL RESIDENCE (IF NURSING HOME CO. 13a. STATE 13b COU		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	2 113 STI	REET ADDRESS	/ 7IP CODE	:		
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Ż	14 FATHER'S NAME	MIDOLE	LACY		15. MOTHER'S MAIDEN		MIGOLE				
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	1					YES	ON O		YING CAU		EATH?
7	210. ACCIDENT WAS UNDERLYING	- 110110 4	F INJURY M. MONTH DA	VEAD	21c HOW INJURY OCC	URRED (EN	NTER NATURE OF INJ	URY IN ITEM 1B F	PART I OR PART	?	
	OR CONTRIBUTING CAUSE OF DE	LAIN	M. MONTH DA	19							
	OR CONTRIBUTING CAUSE OF DI JIF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		CITY ON I	Out to	COUNTY		STATE
	WHILE NOT WHILE D	(AT HOME STE	REET, FACTORY OFFICE, F.	ARM ETC)	STREET		CITY OR TO	JWN	COUNTY		STATE
	22a.1 certify that () (this has				DEC. 29 19 8	5 , to		DEC. 29	19 80	_, that ((we) lost
	sow the deceased alive a above, (1)/we) (did) (did n		DEC. 29 19	85,0	nd that in (my) (our) opinio	on deoth o					
	27b. SIGNATURE	or view the body	offer deom.		DEGREE	j			22c. DA	ATE SIGNE	ED
	Robert	-all		,	ATTENDING PHYSICIAN	MED	CTOR PHYSE		12/	29/8	-5
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				1, /		
	ROBELT	ALLEN			305 10 TH 3	57.	POCOF	25 88	MA	21	851
	23a BURIAL, CREMATION, REMOVA		23c N	NAME OF C	EMETERY OR CREMATOR	2Y 123d.	LOCATION	V- K O	1 00		
	Burial	12/31		ergr		ry B	erlin	Word	ceste	r	MD

TO FUNERAL DIRECTOR, After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol, cr

MPORTANT: If Item 21 is

(VRA 15, 4)

DHMH - 16 60M 7/84

TO HOSPITAL

24 FUNERAL DIRECTOR W. Kirk Burbage, 108 Wms St., Berlin, MDAN 6

Evergreen Cemetery Berlin

worcester

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1988

JAN 6 10 Million Malent

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR	CE	ERTIFICATE OF DEATH	REG. NO	D.	
	TI DECEASED NAME TIRST WITH HARV	EU L	Ewis	20. DATE OF DEATH	MONTH DAY YEAR /2 - 28-84	330 M
			DATE OF BIRTH MONTH - 171-1897	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS	
)	MARYLAND	U,S,Fb WI	ARRIED NEVER MARRIED DOWED DIVORCED	BALTIMORE GITY OF	nico	MD.
1	SALISBURY	NAME OF HOSPITAL, NURSING HO	Tursing Home	120 USUAL OCCUPATION (TYPE O WORK HOR MOST OF	ON 12b. KIND INDOSTR	RMCR
	USUAL RESIDENCE (IF NURSING HOME ONOT 130, STATE 13A COUNTY	MER INSTITUTION GIVE RESIDENCE BEFORE ADMI	13d INSIDE CITY LIMITS?	Rt#	ZIP CODE 2/8	52
-	14 FATHER'S NAME . MD	Lewis	15. MOTHER'S MAIDEN NAM DELLA	WIDDIE	timn	nons
	160 WAS DECEASED EVER IN U.S. ARME (YES NOOR UNKNOWN) (IF YES, GIVE W		46 RALPH C. L	ewis sal	E Rogen.	5 21801
	Conditions, if ony, which gove rise to immediate couse to; stoting the underlying couse lost	1011110011		suis Dis	Ease	Jears,
-	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEAT		200 AUTOPSY?	206 IF YES, WERE FIND	DINGS USED
	CO COLUMNIA COLUMNIA OF DE CALLED	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	YES NO SED (ENTER NATURE OF INJUR	YES 🗌	№ □
	OK CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM E	21f LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
	220.1 certify that (#(this hospital saw the deceased alive an above, #(we) (did) (************************************	Dec 28 19 85	, 19 , 19 , oud that in (may) (our) opinion of DEGREE	, to <u>JCC 2</u> deoth occurred on the do		that the (we) lost the couses stated
	720 PHYSICIAN'S NAME (TYPE OR PR	C Hely J.	M. () ATTENDING PHYSICIAN [MEDICAL STAF	FAND 12	128/85

CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, an

IMPORTANT: If them 21 is morked or them 18 shows

23a BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

SALIS BORY, MD

12-30-1985 Powell

RAR 25b. REGISTRAR'S SIGNATURE

No and Assessment of 121 76 1 7 - 11 - 897 87 Amagang Colombia Colombia Returned February TAY 744 . Shiring non-comment of the standard termines the series to the series of the series

S MAL

BALTIMORE, MARYLAND 2120

PRESTON ST.

DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND DEPARTA

4. RACE

white

76. CITIZEN OF WHAT COUNTRY?

USA

11. NAME OF HOSPITAL NURSIN IF NOT IN SUCH FACILITY, GIVE STREET

DEPARTM	EENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 3 S	10.	5	7 U (0
LE.	LAST	2a DATE OF DEATH	MONTH	DAY YEA	R 2b. HOUR	
-	Linn		12	24 8	5 1215	A
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS D	EAR IF UNDER 24	
е	~03-11-1904 YEAR	81	YRS.			MIN.
AT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	1	
	WIDOWED DIVORCED		omi	00	11/4	M
	G HOME OR OTHER INSTITUTION	128 USUAL OCCUPAT			D OF BUSINES	50
MICO	Vursing Home	Housewife	OF WORKING!	OW		
CITY OR TOWN CUMBER	1 134. INSIDE CITY LIMITS?	13e STREET ADDRESS 135 N. Me	/ zir cot echan:	ic Str	eet/215	02
	15 MOTHER'S MAIDEN NA					
LAST	FIRST	ettie Norr:			LAST	
13-74-0	Mr. James H.	Linn, Jr	Sali		MD	
		-Flynn - B	owic,	MD APP	PROXIMATE INTERV	AL
for 101, (b), one	relial lub.			BETW	EEN ONSET AND DI	EATH
S APPRISE OF	NCEOFD, decres				year	^
A CONSTOUR	CE OF				1	
RIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM					
N FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	IN CERT	IFYING CAU	NDINGS USED	1?

underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

190. DATE OF OPERATION

21d. INJURY OCCURRED

Conditions, if ony, which gove rise to immediate couse (o), stoting the

19b. CONDITION FOR WHICH

166. SOCIAL SECU 213-74-0

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

COUNTY STATE

sow the deceased alive on, obove, (I) (we) (did) (did not) view the body ofter death 22h. S.GNATURE

(SPECIFY)

FOR

COUNTRY)

130. STATE

4. FATHER'S NAME

(YES, NO OR UNKNOWN) no

female

USUAL RESIDENCE (IF NURSING HO AE OR OTHER INSTITUTION.

Charles Graham 160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Allegany

(IF YES, GIVE WAR OR DATES)

CAUSE OF DEATH (Enter only one couse per vda for (o), (b), on

DUE TO, OR

IMMEDIATE CAUSE (o)

22a.1 certify that (1) (this haspital) attended the deceased from

HIRTHPLACE (STATE OR FOREIGN

ID CITY OR TOWN OF DEATH

- STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

3. SEX

ATTENDING 22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date, and hour and from the causes stated

224 PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

23a. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

DEGREE

23d. LOCATION CITY OF TOWN

Cumberland

22c. DATE SIGNED

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

CERTIFICATION

pridi

the buriol-tronsit per ond Mentol Hygiene

detoched ate Dept.

Id be deto

8

morked or frem

James F. Scarpelli, Cumberland, MD 21502

23b. DATE

in the

battle in

Ance to 10

and the second second

100 mg 05 350

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.				
20 DATE OF DEATH	MONTH	DAY	YE AR	2b HOL	JR
	12.	27.	.85	10.	50A
6 AGE (IN YEARS LAST B	RTHD AY)	IF UND	ER I YEAR	IF UNDER	24 HRS
		MONTHS	DAYS	HOURS	AA III.

	OR PRINT)	rikai		WIDDEL	,	. 0		20 DAIL OF BLATT		0- 0-	ZU HOOK
	RICI	IARD	PE	TER	_	OWR	7		12.	27.85	10.50AM
3. SE	X	4	RACE		5. DATE C			6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	
	Male		White	P	MONTH	29	O7	79	YRS	MONTHS DATS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	8. MARRIE	D X NEVER	MARRIED -	9. BALTIMORE CIT		Y OF DEATH	
	anada		U.S		WIDOWE		IVORCED [ico Cou		MD.
10 C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN			TITUTION	120 USUAL OCCUP		12b. KIND C	OF BUSINESS OR
	Salisbu	- 4		N. DIVIS		St.		Road Ma	nager	"Nev	vspaper
	AL RESIDENCE (IF NURS	13b. COUNT		GIVE RESIDENCE BEFORE		1 13d INSIDE	TITY LIMITS?	13e.STREET ADDRES	SS / ZIP COD	F	
	Md.	Wicon	nico	Salisbur		YES	NO 🗌	911 N. D			21801
	THER'S NAME					15 MOTHER	S MAIDEN NA				
_D	obert	M	IDDLE	Lowry		Cat	herine	MIDDL	E	Blennie	51
_	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b SOCIAL SECU	RITYNO	17 INFORM		AD	DRESS		
(YES, NO OR UNKNOWN)		WAR OR DATES)	222-01-9	781	Mrs.	Isabel	Lowry -	Same as	s 13	
-											CIMATE INTERVAL ONSET AND DEATH
	18. CAUSE OF DEAT PART I. DEATH W	H (Enter anly 'AS CAUSED	ane cause per BY:	line far (a), (b), and			n 11- m 7	, , ,		BETWEEN	ONSET AND DEATH
		IMMEDIATE	CAUSE (a)	edenus	your	me of	, pron	90		2 ma	rely
			DUE TO O	R AS A CONSEQUE	NCE OF	V	/				
	Canditions, if any,	which	(Ib)_							1	
	gave rise ta imr)								
1	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g										
z	PART 2. OTHER SIGN	A A	ONDITIONS CO	ONTRIBUTING TO L	EATH BUT	NOT RELATE	DIOTHETERM	MINAL DISEASE OR C	ONDITION G	VEN IN PART II	a
CERTIFICATION	Nie	to h	ernia	euch	Ale	warn -	esoph	aged no	pury	C 11/505 EN IO	
₫	190 DATE OF OPERA	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERF	DRMED .	20a AUTOPSY?	IN CERT	S, WERE FINDI	S OF DEATH?
1								YES NO	Y	ES 🗌	NO 🗌
Ü	210 ACCIDENT WAS UND		21b. TIME O		V VEAD	21c HOW II	VJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART 2)	
¥	OR CONTRIBUTING (HOUR A.	m. month da	19						
MEDICAL	71d INJURY OCCUR		21e. PLACE		17	211 LOCATI	ON				****
ME	WHILE NOT WE	GLE	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREE	T	CITY O	RIOWN	COUNTY	STATE
	22s L certify that (I)	(this hasnite	all attended th	e deceased fram	Nen		1983	19-12-2	7-85	19	that (I) we last
	saw the decease	ed alive an	12-6-6	19_	0	nd that in (my		death accurred an th	e date and ha		
	baye (I) (we) ((did nat)	view the bady	after death.							
	The Sportature		h)	1.	M	DECREE	ATTENDING 3	MEDICAL	TAFF	ZZ DATE	SIGNED
	Kayn	md !	11 9	for	100		PHYSICIAN	DIRECTOR PHY	SICIAN	14	27/11
	224 PHYSICHOLS N	AME (TYPE OR	PRINT)			22e ADDRE	55				
			1/								
230	BURIAL CREMATION	REMOVAL	123h DATE	123c N	IAME OF C	EMETERY OR	CREMATORY	236 LOCATION			

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: A shauld be detached for use with the State Dept. of Hea

MPORTANT

(SPECIFY) Removal

12/27/85

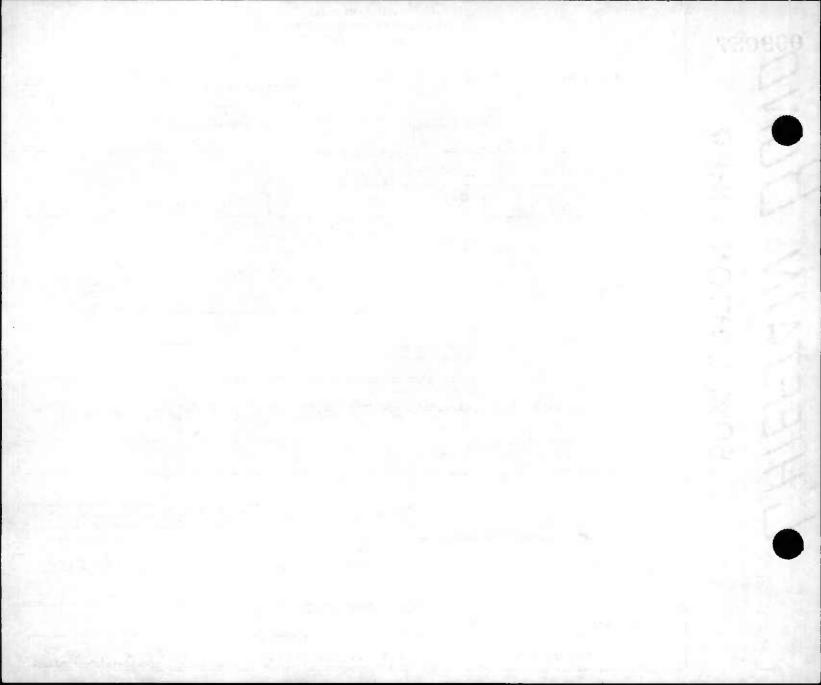
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

24. FUNERAL DIRECTOR NAME Anatomy Board

ADDRESS Balto., Md.

1986



364076

in by the funeral director, page 3 be filed within 72 hours offer death

injury, or other troumotic event, the medigal

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If them 21 is marken at them 18 shows any injury, or other troumatic event, the mediage

FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

REGISTRAR			CERTII	FICATE OF DEATH	REG. N	10.		
DECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT)	URNS .	MARVIT.			P - 0	12-20	1_85	R:10 P
3. SEX	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	1
Male	White		Jan.	14, 1916 YEAR	69	YRS	MONTHS DAYS	HOURS MIN
O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Delaware	U. S. A	A .	WIDOW		WICOMICO	COUNT	ΓY	M
O. CITY OR TOWN OF DEATH	(IE NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET URY NURST	ADDRESS)	OR OTHER INSTITUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST Teacher		12b. KIND (INDUSTRY)	
USUAL RESIDENCE (IF NURSING HOME 130_STATE 13b_CO	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IR CODE		01
_	Vicomico	Delmar	14	YES X NO	305 Walnut			
FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME			
Sirman D. Marvil		(ASI		Nola Yinglii	ng i		LA	ST
60 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
Yes, no or unknown) (IF YES	TT WAR OR DATES)	216-16-79	986	Arline M. Ma	arvil (same	e as a	bove)	
18 CAUSE OF DEATH (Enter	only one couse pe	r line for (o), (b), one	d ICI.	A 4 A				CIMATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY:	Zurinov	11/9 1	1 Stophage	11		10	A A
IMMEDI	ATE CAUSE (o)	4,61.00	/	1			17	/
	DUE TO, C	R AS A CONSEQUE	NCE OF					
Conditions, if any, which	(b)_							
gove rise to immediate couse (a), stating the	3							
underlying couse lost.	DUE TO, C	R AS A CONSEQUE	NCE OF					
	(c)							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I				MINAL DISEASE OR CON	IDITION GIV	EN IN PART 1	a
NOTE OF OPERATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 COND	TION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	IN CERTIF	, WERE FINDS	S OF DEATH?
210. ACCIDENT WAS UNDERLYING	71h TIME C	NE INTITION		131. HOW IN HIRV OCCUP	YES NO		S 🗍	NO [
OR COLUMNIA COLUMN		M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM IB P	ART I OR PART 2)	
OR CONTRIBUTING CAUSE OF L		Μ.	19					
21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
AT WORK NOT WHILE			100	3.4				
22a I certify that (I) (this has		e deceosed from	10	19 8	1. to / 2 - 2	-0	19 0	that (1) (we?lo
sow the deceased alive of	on / 2 -	20 19 8		nd that in (my) (our opinion	deoth occurred on the o	lote and hour	ond from the	couses stoted
17h NIGIPATURE	1	//		DEGREE			22c. DATE	SIGNED/
XIIIII	Dacky	e	/	ATTENDING	MEDICAL STA	FF	12/	21/85
ILLI TILICIAN'S NAME (TYP	OR PRIME	0		PHYSICIAN [PHYSI	CIAN	7	10/03
DR. EARL M. 1	BEARDSLE	Z		CIVIC AVE, &	RT. 50, SA	LISBUF	Y, MD.	21801
30 BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
Burial	12-23-	1985 St.	Ster	hens Cem.	Delmar S	Sussey	De laws	STATE OT ATT
4 FUNERAL DIRECTOR					TE REC'D. BY REGISTRAF	25b. REGISTI	RAR'S SIGNA	TURE
arvel-Short Fune	ral Home	Delmar.	Delaw	vare 19940 1	A D B 4000	0	-	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

(VRA 15, 4)

351116

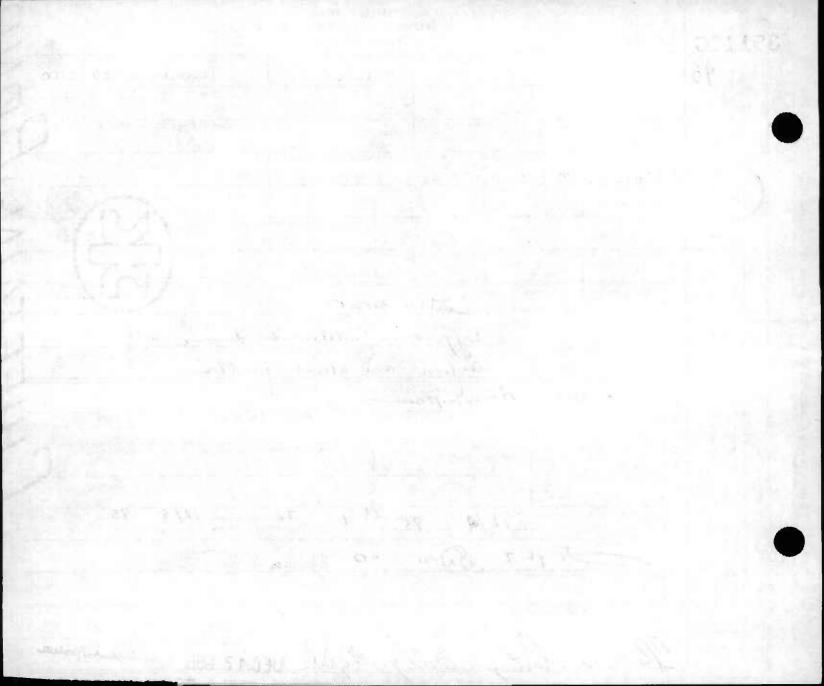
	FOR
-	STATE
-	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

		CEASED NAME E OR PRINT!	FIRST		WIDDLE		AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
5	(III)		harle	s Gi	rise	Mo	Cabe	Dece	mber s	1,1985	2000
	3. SE	X		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS
1		Male		White		June	23 DAY 1912	73	YRS	ONTHS DAYS	HOURS MIN.
		IRTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	X	D BALTIMODE CITY		OF DEATH	
0	Del	aware		USA		WIDOWE	D NEVER MARRIED	Wicomico			
11	10 C	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS O
Ļ		lisbury,	MD	Penin	CH FACILITY, GIVE STREET sula Ger	neral	Hospital	Farmer	OF WORKING LIFE)	Poult	ry
6	113a C	elaware	Susse		Selbyvil		13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS Fenwick]	ZIP CODE	9975	9999
0	My FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	JF 15		
10	2	Edward		L.	McCabe	e Sr.	Floren	ce		Gr	ise
3	Tán. V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
		YES, NOOR UNKNOWN)	(IF TES, GIV	E WAR OR DATES)	032-09-20)48	L. Gladys M	cCabe, Selby	ville,	DE	
		18 CAUSE OF DEAT	TH (Enter or	ly ane cause pe	r line far (a) (b), ahi	d (c1,1					MATE INTERVAL
		PART I. DEATH V		D BY: TE CAUSE (a)	Carti	u au	110st			and the second	DISEL AND DEATH
					DACA CONCEQUE	NCEOL	0				E 1 1 1
	-	Conditions, if any	which	10,0	has a conseque		Contrivasion	la drama	. mr	2	
Н	- 12	gave rise to im	mediate	(b)_	11						
		cause (a), stati underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF	atril.	fibrillat			
		DARTO OTUENCIO		(c)	There	Corr					
	Z	PART 2 OTHER SIG	NA AND	ONDITIONS	ONTHINE IN C	DEATH BUT	NOT RELATED TO THE TER	MNAL DISEASE OR CON	DITION GIVEN	N IN PART 110	3
7	CERTIFICATION	190 DATE OF OPERATION 196, CONE		ITION FOR WHICH	OPERATION	N WAS PERFORMED	In AUTORGUS	Ton it ven	A SERVICE STATE OF THE SERVICE	1,000	
	FIC	THE DATE OF OFERA	11014	IN. COND	TION TOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
	ERTI	21g. ACCIDENT WAS UN	DEBLYING F	21b. TIME C	AE IN HIDY		21. 110	YES NO	YES		NO 🗌
1		OR CONTRIBUTING	lang.		M. MONTH DA	YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
	CA	(IF EITHER, NOTIFY MED			M.	19					
	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR IC	WN	COUNTY	STATE
		AT WORK NOT WE	HILE L						-		
-		22a I certify that (1)			e deceased fram	25 1	My 19 78	, to	9 . 19	85	that (I) (we) las
- 1		sow the deceas abave, (I) (we) (ed alive an did) (did na	t) view the bady	after death.	, an	d that in (my) (aur) opinion	death occurred an the d	ate and hour o	ind from the	causes stated
		22b. SIGNATURE	T		A		DEGREE			22c. DATE	SIGNED
			111	ph Z.	MIN	- 1	ATTENDING PHYSICIAN	MEDICAL STA			
1	1	22d. PHYSICIAN'S N.	AME (TYPEO	R PRINT)			22e ADDRESS	A DINECTOR III THISK	TAIL L		
							of a little				
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	122- N	AME OF CE	METERY OR CREMATORY	123d, LOCATION			
	(SPECIFY) Burial		12-12		dmen'		Selbyvill	o War	YTHUO	r MD
	74 F1	DIRECTOR		17	J INC	CTILCIT !				ceste	
	1	1/20	111	101	ADDRESS	111	· M X DOO DA	TE REC'D. BY REGISTRAR	Z5b. REGISTRA	R'S SIGNATI	handelle
- 1	- /	10, De . 4	11/4	Li X	- N.V	Name	VV 0 I LIV ID	AFO 4 7 400E	. 400	TOOLA LOOK	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

)	5	3	5	1	1	. 3
	REG. NO.				4	

1.	STATE REGISTRAR	DLI AKI	CERTIFICATE OF DEATH	REG. N	40.	l ü
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 F	HOUR
{TYPI	OR PRINT)	N A.	more.	16	1. 23-85 8	:50 "
3. SE	O 11 40 40	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BE		NDER 24 HRS.
	F	B	MONTH DAY YEAR 15 1894	91	YRS. MONTHS DAYS HOU	URS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED □ NEVER MARRIED □	9. BALTIMORE CITY	OR COUNTY OF DEATH	
	Md Md	<i>U.S.</i>	WIDOWED DIVORCED	Wico	mico	MD.
) c	Salisbury	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET)	ET ADDRESS) NUICSCOOL HONG	120 USUAL OCCUPAT	OF WORKING LIFET INDUSTRY	SINESS OR
	AL RESIDENCE (IF NURS AND HOME OF		WN 1 138 INSIDE CITY LIMITS?	13e.STREET ADDRESS	UPPER HILL	1368
14. F	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	LAST	
-	EMANUEL	J. WAT	ers Mary	E. Su	Eller	130
	WAS DECEASED EVER IN U.S. AR YES, NO ORJUNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC 220-01	4447	MOOTE.	SAlisbury M.	14.
	PART I. DEATH WAS CAUSE	The cause per line for (a), (b), of DBY. TE CAUSE (a) DUE TO, OR ALA CONSEQUE (b) DUE TO, OR AS CONSEQUE (c)	ve of Cervix		AUTROXIMATE BETWEEN ONSET	
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	ADITION GIVEN IN PART 110	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		DAY YEAR 19	RRED (ENTER NATURE OF INSI	URY IN ITEM 18 PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	.FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	saw the deceased alive an	ital) attended the decease 19		death occurred an the c	date and have and from the couse	(I) (we) last es stated
	226. SIGNATURE	elche, hit	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN M 12 -	-24-81
	224. PHYSICIAN'S NAME (TYPE C	DR PRINT)	18 14 Kiplin	6DR Sal	when hed.	21801

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked or Item 18 shows any TO HOSPITAL OR ATTENDING PHYSICIAN: The TO FUNERAL DIRECTOR:

DHMH - 16 50M 4/83

14 FUNESAL DIRECTOR (VRA 15, 4)

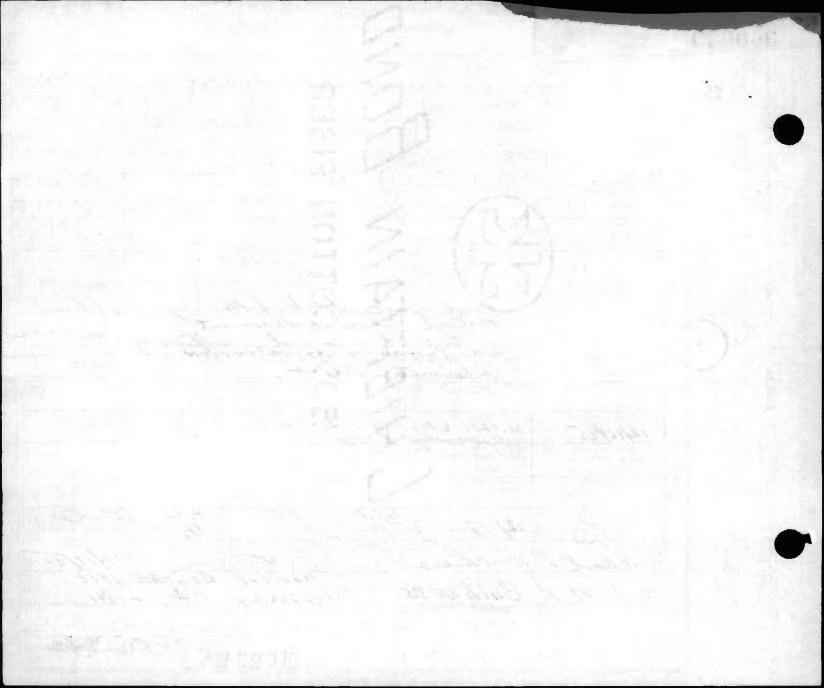
230 BURIAL, CREMATION, REMOVAL

Fig. 1. Sec. 1. A. Sec 17 Notes 20 1 31 A. C. Seer, Up. All I and the second the second the second are a secretario to a little of March Standard Williams AR to the Topper that will be to the top

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	5	3	5	9	1	
	REG. NO.					

023	- STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	0 0 7 1 1
	PECEASED NAME FIRST APPE OR PRINT) Mildre	d Edith	Moser	December 17	DAY YEAR 26. HOUR 26. 1985 0430
12 35	Female	4 RACE White	5. DATE OF BIRTH 08 19 1926	6 AGE (IN YEARS LAST BIRTHDAY) 59	MONTHS DAYS HOURS MI
15 P	BIRTHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania	76 CITIZEN OF WHAT COUNTRY? U.S.A	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF COUNTY	
S	alisbury, MD	Peninsula Ger	neral Hospital	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN Secretary-Trea	12b. KIND OF BUSINESS COLUMN INDUSTRY
130	Wat residence (if nursing home or). STATE 136 COUN Wicor Wicor	OTHER INSTITUTION, GIVE RESIDENCE BEFORE STY OR, TOW Salisbur	'N \$13d INSIDE CITY LIMITS?	Route #7 S. Sch	numaker Drive 2
25/	Earl	Fegley		MIDNE.	Searfuss
medico	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 194-20-2		. Lamar R∵Mose e	
ent, the	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one D BY.	Zense shock	L. Slaveria	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
njury, or of troum		DUE TO, OR AS A CONSEQUE (c) Reum CONDITIONS CONTRIBUTING TO I	CTUMENT PROPERTY HYPER ALLE CONTROL THE TERM		1933 GIVEN IN PART 110
B shows ony injur	190 DATE OF OPERATION 12/16/85	Mitagi Val			YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
/ 1	OR CONTRIBUTION TO CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IB PART : OR PART 2)
rked or Item	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Healt	saw the deceased alive on	tol) ottended the deceosed from	85, and that (my) (our) apinion	death occurred on the date and	hour and from the couses stated
7. F Fe	michael 1	? Buchness		DIRECTOR PHYSICIAN	221 DATE SIGNED
with the Stat	Michael 1	? Buch NES	3 Selisby	ien/ Cents	21801
230.	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY Springhill Memory G		
A 7/04	Holloway Funeral	Home, P.A., Salist		C 2.3 1985	SISPANT SIGNAPER TOP



executed within 24 hours after death. Page 4 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the librarial transit permit. Then please remove carbon pages with the State Dept, of Health and Martin Hygiene prior to burial, cremation, or remaval. etained by the hospital ar attending physicion.

I shows any injury, ar ather troumotic event, in

IMPORTANT: If them 21 is marked on a

BP.

DHMH-1650M1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	- STATE								
,	1, DECEASED NAME	Lottie Lottie	Mae	Mu	ir	20 DATE OF DEATH	month DAY	985	2b HOUR	
,	Female	4 RACE White	e	5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
7	70. BIRTHPLACE (STATE OR FO	U.S.A		MARRIE		WICOMI	co	DEATH	MD.	
Š	SALISBURY	ATHO	ME - 219	^CED	AR WAY	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR	ON DE WORKING LIFE) E	12b. KIND OF INDUSTRY	F BUSINESS OR	
ě	Maryland	NG HOME OR OTHER INSTITUTION 13b. COUNTY Wicomico	13 CITY OR TOW Salisbury		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 219 Ceda	r Way	2/8	0/	
-	John	R.	Pusey	720	15. MOTHER'S MAIDEN N Nona	WIDDLE		Shor	res	
	(YES, NO OF UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	217-10		17 INFORMANT Mr	s. Audrey E.	Dorsey,	Daugh	nter	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mefastatic Carcinoma of Colon DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
	190 DATE OF OPERATI	ON 196 COND	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING IG CAUSES (GS USED OF DEATH?	
	OR CONTRIBUTING CA	ALEXAMINER) D 21e PLACE (AT HOME ST	.M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	200	211. LOCATION STREET		wn 22, 19	COUNTY	STATE hot (we) lost	
	sow the deceased obove, HI (we) (27b. SIGNATURE 27d. PHYSICIAN'S NAM	(did not) view the body	Parti		DEGREE ATTENDING PHYSICIAN 1300 S. Di		FF IAN [12/2 DATE S	23/1985	
1	23a BURIAL, CREMATION, R				EMETERY OR CREMATORY Cemetery					
	24 FUNERAL DIRECTOR Holloway Full	neral Home,	P.A., Sali:	sbury,	Md. 250 DA	LE HEC. D. BA-ME O ICHAM	256 REGISTRAF	SSIGNATU	JRE	

361076 filled in by the funeral director guld be find into 72 haus of

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 27701

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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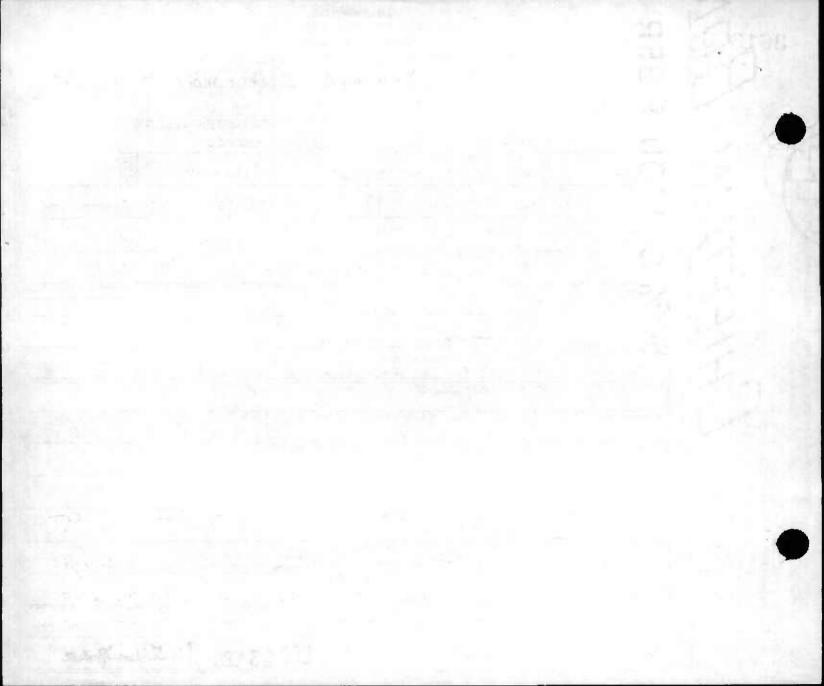
	FOR STATE REGISTRAR	DEPA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE O O O O O O O O O O O O O O O O O O						
Trans.	1. DECEASED NAME FIRST (TYPE OR PRINT) Laura	Elva		uman UMAN	Decembe	MONTH D.	1985	26 HOUR 0630 M	
1	Female.	White	S. DATE O		6. AGE (IN YEARS LAST BIRT	YRS.	IF UNDER I YEAR	HOURS MIN.	
)	70. BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTE	MARRIE		9. BALTIMORE CITY OF WICOMICO	COUNTY	OF DEATH	MD	
-	Salisbury	11. NAME OF HOSPITAL, NUR (# NOT IN SUCH FACILITY, GIVE STR Peninsula Cen	REET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			OF BUSINESS OR	
	Maryland Wico	ROTHER INSTITUTION GIVE RESIDENCE BE NTY 134 CITY OR TO Salisby		13d INSIDE CITY LIMITS?	Rte 119 Gre	ZIP,CODE enbrie	r Swam	21801 np Road	
	14. FATHER'S NAME FIRST Norman	D. Hales		Sarah	Margaret	L	_ong		
	160 WAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	6-8750	17 INFORMANT Mrs. Same as #13	Lorraine Smu	illen ([Daught	er)	
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Extremine Subtraducardial myorardial Information of the part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSEASE OR CONDITIONS GIVEN IN P							
1	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?	
1	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F			RED (ENTER NATURE OF INJUR		COUNTY	STATE	
	sow the deceased alive or	ot) view the body ofter/death.	9, or	DEGREE ATTENDING PHYSICIAN 22e ADDRESS PO BOK 26	deoth occurred on the do	F AN []			
	230 BURIAL, CREMATION, REMOVAL SPECIFY) Burial		3c. NAME OF C Smullen	Family Cemet	ery Snow Hil	l, Wor	cesten	Maryland	

14 FUNERAL DIRECTOR
Holloway Funeral Home, P.A., Stalisbury, Maryland
DEC 23 1985

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

and Mental Hygiene prior to burial, cremation, ked or Item 18 shows any injury, or other traum certificate has been signed



the funeral director d within 72 hours of DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				CERTIF	ICATE OF DEATH	REG, NO.
3. SE)	CENOED INVITE	lwina Be	ernice	N	liblett	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR DECEMBER 12,1935 //30
	X	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 H
Female		Whit	e	MINOM 80	20 1918	67 YRS
	IRTHPLACE (STATE OR FORE)		WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
	alisbury, Mary			WIDOWE	D DIVORCED	Wicomico
	ITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
		ID Penin	sula Gen	eral	Hospital	Lab Technician Dupont
13a. S		COUNTY	13c. CITY OR TOW!	N I	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE
		Wicomico	Salisbury	Y	YES NO	Route #6 Dagsboro Road 2180
	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE LAST
	Earl	Monroe	Williams		Mary	Leona Nichols
	WAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? EYES, GIVE WAR OR DATES)	214-10-		Same as	George M. Niblett (Husband)
ATION	PART 2 OTHER SIGNIFIC				NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART ITO 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
FICAT	the second second second		5 6 () 100			VEC CI NOCI VEC CI NOCI
RTIFIC					Ter 110111 1111111 - 0011-	YES NO YES NO
CAL CERTIFICATION	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A		Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
MEDICAL CERTIFIC	OR CONTRIBUTING CAUS	E OF DEATH HOUR A XAMINER) P 21e. PLACE	M. MONTH DA	19	21c. HOW INJURY OCCURR 21f. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED WMILE NOT WHILE AT WORK 220.1 certify that (1) (this saw the deceased a	E OF DEATH HOUR A XAMINER) 21e. PLACE (AT HOME ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA docensed from 19	19 ARM ETC)	21f. LOCATION STREET 19 d that in (my) (aur) opinion of	CITY OR TOWN COUNTY STATE to 219 31, Var (I) (Ve) death occurred on the date and haur and fram the causes stated
	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED WMILE NOT WHILE AT WORK 220. I certify that (1) (this saw the deceased a above, (1) (we) (did) 22b. SIGNATURE	E OF DEATH E OF DEATH XAMINER) P 21e. PLACE (AT HOME ST Ilive on (did nat) view the body N N N N N N N N N N N N N	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA docensed from 19	19 ARM EIC)	21f. LOCATION STREET 19 Ind that in (my) (aur) opinion of DEGREE HYSICIAN	CITY OR TOWN COUNTY STATE TO 2 19 3 , 401 (1) (4e)
	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED WMILE NOT WHILE AT WORK 220.1 certify that (1) (this saw the deceased a	E OF DEATH E OF DEATH XAMINER) 21e. PLACE (AT HOME ST s hospitol) oftended the live on (did not) view the body (TYPE OR PRINT)	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA docensed from 19	19 ARM EIC)	21f. LOCATION STREET 19 Ind that in (my) (aur) opinion of the company of the com	CITY OR TOWN COUNTY STATE COUNTY STATE COUNTY STATE 22c. DATE SIGNED

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	23	3	5	.1	-	13
	REG. NO.					-

56		STATE REGISTRAR	PEI AN	CERTIFICATE OF DE	ATH	REG. NO.		
10	[TYPE OF	ASED NAME FIRST	nan R.	NUTTER	De	cember	8 1985	26 HOUR 2335
	3. SEX	lale	B/zck	JONTH 1 DAY 9	2 YEAR 6 AGE	05 Y	MONTHS DAYS	HOURS MI
36	7s. BIRT	HPLACE (STATE OR FOREIGN	76 CITYEN OF WHAT COUNTRY	WIDOWED DIV	ORCED Wic	OMICO	NTY OF DEATH	
80		or town of death Lisbury	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Peninsula Gene	ING HOME OR OTHER INSTIT ET ADDRESS! Pral Hospital		UAL OCCUPATION FWORK FOR MOST OF WORK	12b. KIND (YG LIFE) INDUSTRY	Th
36	USUAL 130 ST	RESIDENCE (IF NURSING HOME OR ATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO ITY 13c EUTY OR TO LONGO WANT	WN KE 13d. INSIDE CIT	NO []	EET ADDRESS / ZIP C	ODE 21	840
420	14 FATE	12 Wice (2. Natter	Ali	MAIDEN NAME	Wanw	cight "	.51
Manager of the last	16a WA		MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 2/3-22	-126 Max	thz H.	c. Nather	Nanti	coke,
rent, the	1	PART I. DEATH WAS CAUSE	ly one couse per line (\$\frac{1}{2}\)(b), (b), (b) (b) (c) (c) (c) (c) (d)	nd (cu))	APPRO) SETWEEN	XIMATE INTERVAL ONSET AND DEA
burioi, cremanian, ry, ar ather traum	F	Conditions, if ony, which gove rise to immediate couse (01, stating the underlying couse lost.	DUE TO, OR AS A CONSEQ		O THE TERMINAL DI	sease or condition	GIVEN IN PART 1	10
ows ony injus	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFOR	MED 200	INC	F YES, WERE FINDS ERTIFYING CAUSES YES	
em 18 sho		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	URY OCCURRED (EN	TER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)	
rked or It	¥	MHILE NOT WHILE TWORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	V	CITY OR TOWN	COUNTY	STATE
21 is mor	2	sow the deceased alive on	ti view the body ofter death.	C-/	, 19, to.	curred on the date and	hour and from the	that (1) (we)
Stote Dept.	2	26. SIGNATURA COMPANIA	no		TENDING MED HYSICIAN A DIREC	ICAL STAFF	15	8/85
with the State	2	2d. PHYSICIAN'S NAME (TYPE O	RPRINT) GRASEO	170 ADDRESS	· Divisio	n St. S	BUSIM	ry 1
3 2	23a. BU (SP	RIAL PREMATION, REMOVAL	12/14/85 5	NAME OF CEMETERY OR CR	REMATORY 123d.	LOCATION CITY OR TO	36ary	no de la
	24. PUR	LEBAL DIRECTOR	2 1 120	12/ 1/1	250 DATE REC'D	BY REGISTRAPEZSIA RE	GISTE CHECKEN	Turb

DHMH - 16 60M 7/84 (VRA 15, 4)

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The second of th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be etoined by the hospital or attending physician

		DIA	IF OF	m	AKIL	ANU	
DEPAR	TMENT	OF	HEALT	H	AND	MENTAL	HYGIENE
	CE	RTI	FICA	TE	OF	DEATH	

O	2	0	C	1
	PEG NO			

-	STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		1 0
Di	CASED NAME FIRST	llen	N.		Parks	Dec. 02, 1985		26 HOUR
, 5E	male white					6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR MONTHS DAYS YRS	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY VIrginia USA		8. MARRIE WIDOWE	V	9 BALTIMORE CITY OR CO	UNTY OF DEATH	M		
	Salisbury	Deer 3	Head Cent	er,	Salisbury, MD	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK WATERMAN)	KING LIFE) INDUSTRY	F BUSINESS O
_	AL RESIDENCE (IF NURSING HOME OF STATE MD 135 COU	ROTHER INSTITUTION NTY Prset	GIVE RESIDENCE BEFORE 13. CITY OR TOWN Cristiel	d.d	13d. INSIDE CITY LIMITS? YES NO 14	Box 297 - Cal	vary Rd.	/ 21817
FA	ATHER'S NAME FIRS Lewis	MIDDLE.	Parks		IS MOTHER'S MAIDEN NAME OF THE SELIZAL	1110000	Murphy	T
	WAS DECEASED EVER IN U.S. AF IYES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	214-12-6		Wanda Milbour	rne - 213 Crisfiel	omerset Ar	ve.
CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(c)CONDITIONS C		EATH 8UT	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY? 20b.	N GIVEN IN PART 11	NGS USED
	21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A	DF INJURY .M. MONTH DA .M. OF INJURY	Y YEAR		YES NO RED (ENTER NATURE OF INJURY IN IT	YES	NO [
2010	21d INJURY OCCURRED				211. LOCATION	CITY OF TOWN	COUNTY	STATE
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE 220. I certify that (1) (this hosp sow the deceased always above, (1) (we) (did) (did) (22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE K. YOON, M.D.	(AT HOME SI	ne deceosed from 19 4, ofter death.	11-	DEGREE ATTENDING PHYSICIAN	city or town to death accurred on the date or MEDICAL STAFF DIRECTOR PHYSICIAN	121. DATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR; After this certificate has been signed by the ottending physicion is should be detached for use as the burial-transit permit. Then please remove corbon papers. It with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

MPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or ather troumatic event, the

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nule vhite 03-30-12

incident in the control in the contr

K. Yoon, E.D., Mee's Mand Center, t. D. To 2015, misbury, th 21801

365123 director page 3 age 4 may be within 24 hours ofter deal

STATE OF MARYLAND FOR STATE REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		Hand GLAND	~W.	Parl Is DATE O	RKS	20. DATE OF DEATH	12	23 8	5	4 COA
3. SE/	Male	Whi	te	MONTH 02		71	YRS	MONTHS		HOURS MIN.
	IRTHPLACE (STATE OR FO COUNTRY) aryland		F WHAT COUNTRY	? 8 MARRIED WIDOWE	D NEVER MARRIED				ATH	M
Sa	ITY OR TOWN OF DEAT	Penins	FHOSPITAL, NURSI UCH FACILITY, GIVE STREE ULA Gener	T ADDRESS]	ROTHER INSTITUTION	12a USUAŁ OCCUP. ITYPE OF WORK FOR MO! Carpent	T OF WORKING		KIND OF JSTRY	BUSINESSOI
13a S	Maryland	NG HOME OR OTHER INSTITUTION 136 COUNTY WICOMICO	Salisbur	RE ADMISSION)	13d. INSIDE CITY LIMITS	310 Pop	s / zıp co ar Hil	I Ave	nue	21801
	Roland	MIDDLE	Parks		15. MOTHER'S MAIDEN Beulah	MIDDLE				Cox
	VAS DECEASED EVER II YES, NO OR YES WN)	N U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	214-12-5		1012 Phil	Mr. & Mrs. Pl lips Avenue,	Villip N Salisbi			iends) and 21
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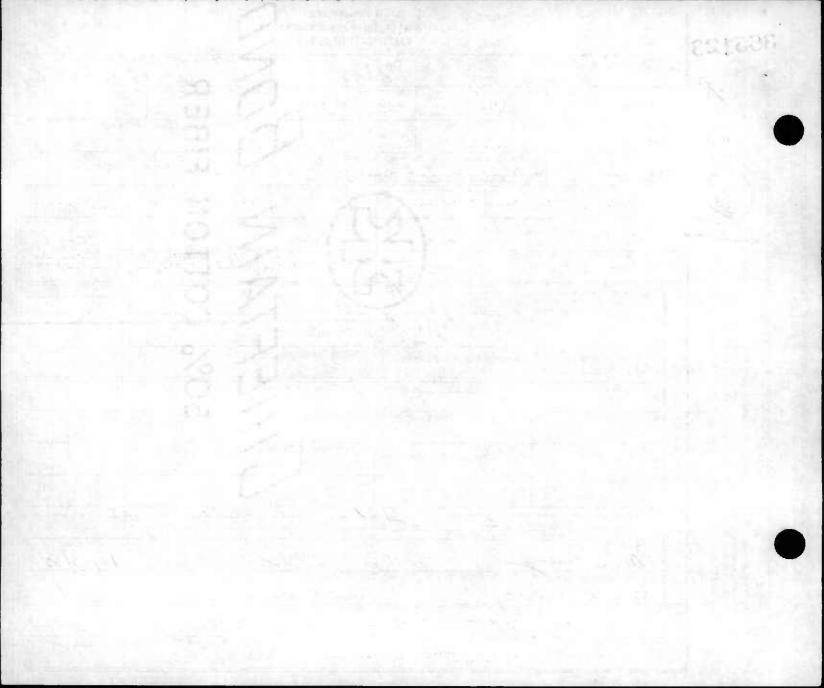
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicial should be detached for use as the buriol-transit permit. Then please remove carbompoputs with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or remaval

DHMH - 16 60M 7/84 (VRA 15, 4)

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1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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retained by the haspital ar attending phy	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical	20	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal	
etc	0	4	3	
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DIVISION OF VITAL RECORDS,

	DECEASED NAME FIRST	WIDDLE	() 1	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
И	John	0.	TAR	RY	1050.21	1983		2137 M
1	3. SEX 4.	RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTI		UNDER 1 YEAR	IF UNDER 24 HRS
A	Male	White	MONTH	3 18 ^{AY} 1921	64	YRS.	NIHS DAYS	HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OF		FDEATH	
	Marcus Hook, Penr	nsylvania U.S.A.	WIDOWE	DI DIVORCED	Wicomico			MD.
1	10. CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING	G HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATIO	AL OCCUPATION 12b. KIND OF BUSIN WORK FOR MOST OF WORKING LIFE) INDUSTRY		
	Salisbury	Peninsula Cener	al"Ho	spital	hanic	INDUSTRI		
1	USUAL RESIDENCE (IF NURSING HOME OR OIL 130 STATE 130 COUNTY			13d. INSIDE CITY LIMITS?	12. CTDEET ADDDESS /	ZIR CODE	-	
ř	Maryland 136 COUNTY Wicc	mico Hebron	4	YES NO	130 STREET ADDRESS /	irch St	reet	21830
	14 FATHER'S NAME	DDIF LAST		15. MOTHER'S MAIDEN NAM		1.5	LAS	1
ď	Frank F	R. Parry		Stella	Virgin	ia	Dov	
1	160 WAS DECEASED EVER IN U.S. ARMI	VAR OR CATECO		17. INFORMANT Mile	red L. Parry	(Wife)	
[(YES, NO OR UNKNOWN) (IF YES, GIVE V	186-16-	3084	Same as Fise	e a L. I dily	(11110		
1	18. CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and BY:	(C'.)	0			BETWEEN	MATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CAUSED IMMEDIATE		ulas	Sitrillation				
1		DUE TO, OR AS A CONSEQUE	NCE OF					
	Conditions, if any, which	(16) acute	mul	occidial me	arction			
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF	()			
	underlying cause last.	(c)						
		INDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART 1	a
	190 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING							
1	Ma DATE OF OPERATION	196 CONDITION FOR WHICH C	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	NGS USED OF DEATH?
	PT				YES NO	YES		NO 🗌
		216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 21	
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC)	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	AT WORK AT WORK		0-0		- Dag (2.4	0/=	
	226.1 certify that (I) (this has pital saw the deceased alive an	ottended the deceased from	5 Han	nd that in (my) (am) aprilian a	to Nec. 2			that (I) (we) last
	abave, (I) (web (did) (did nat)	view the bady after death.			ream accorred on the da	ie and naur i	22c DATE	
	TAL SIGNATURE	00100.1	n	DEGREE ATTENDING	MEDICAL STAF		12	22 05
	THE PHYSICIAN'S NAME THE RE	Mulmuch	10	PHYSICIAN L	OTRECTOR PHYSIC	IAN	114	2200
	PARWIN			100 POWER	ST. SH	ALISB	URY M	nd. 2180
_	NOUNE! UP	4. WENRICH		, , , , , , , ,		174		
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	4		EMETERY OR CREMATORY	23d. LOCATION Siloam	\\/:	COUNTY	Maryland
	24 FUNERAL DIRECTOR	12/24/1700	orrogn	n Cemetery	E REC'D. BY REGISTRAR			
	Holloway Funeral H	lome PA Sourch	urv			COU. REGISTR.	AN DOIGNA	UNE
	Holloway Funeral F	ione, r.A., Janso	ory,	Maryland DEC	47 1985			111
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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARYLAND 21201	-	-
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	3 HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the petition physician within 24 hours other death. Page 4 spined by the happtol or ottending physician.	O FUNERAL DIRECTOR, After the centificate has been signed by the other prycinion and completely filled in by the funeral director hould be detached for use on the turnof trouble permit. Then please recover corbo papers. Forger, I and 3 should be filled with the 2 hours of the State Dept. of Health and Mental Mygiene prior to burial, cremain, by moral.

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1.	FOR STATE REGISTRAR			DEPARTN	AENT OF H	OF MARYLI	MENTAL HY	GIENE 🖁	REG. N	3	5)	1 9
ETON	CEASED NAME OR PRINTED WAY	FIRST	1.	3.	Digu	iett		De C	emb	er 1	,1985	930 PM
1. SE	Male RTHPLACE (STATEORF)			NHAT COUNTRY?	5 DATE O		1895	6 AGE (IN)	90	YRS.	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Mary Jane	1	u.	S.	MARRIED WIDOWEL	DI	VORCED [Wicor	mico	R COUNTY (MD. BUSINESS OR
-	lisbury	F	(IF NOT IN SUC eninsu	la Genera	al Hos			TYPE OF WOR		WORKING LIFE	INDUSTRY	cent
Ha.	Md	13b COUNTY		GIVE RESIDENCE BEFORE	ne	13d. INSIDE C	NO P	13e STREET	address B	ZIP CODE	Ea	1853
1	G corse	Pani	el	Piquet	+	Ko	-	ine	MIDDLE	· ·	Hoov	er
	VAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE W		25-05-	+696A	Mrs.	Ruth	Non	is	2+3 1	Box 140	E, PrAno
	18 CAUSE OF DEATH PART I. DEATH W. Canditions, if any, gave rise to imm cause (al, stating underlying cause)	AS CAUSED I IMMEDIATE (which rediate	DUE TO, OF	SHOCK RAS A CONSEQUE SEPSIS RAS A CONSEQUE	NCE OF							ATE INTERVAL
N	PART 2 OTHER SIGN	HEICANT CO	NDITIONS CO	4		NOT RELATED	TO THE TERM	MINAL DISEAS	E OR CON	DITION GIVE	5 DE	47)
CERTIFICATION	19a DATE OF OPERAT		196 CONDI	TION FOR WHICH	OPERATION		RMED	20a AUTO	OPSY?		WERE FINDING ING CAUSES O	
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C (IFEITHER NOTIFY MEDIC	AUSE OF DEATH	P./	M. MONTH DA M.	Y YEAR			RED (ENTERN)	ATURE OF INJUI	RY IN ITEM 1B PAR	RT I OR PART 2)	
MED	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	RE [21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET			CITY OR TO	WN	COUNTY	STATE
	270.1 certify that (1) saw the decease abave, (1)(we) (d	d alive an_	0	EC. 1 19 8	85 , and			death accurre		EC - 1, 10 ate and have	and from the co	
	22b. SIGNATURE	t a	80				ATTENDING PHYSICIAN I	MEDICAL	STAI		22c. DATE SI	GNED

160. WAS DE IYES, NO 18 CA Cand cause unde PART 19a DA 21o. A OR CO 21d IN WHILE AT WOR 220.1 22b. SI 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 305 10TH ST. ROBERT ALLEN POCOMOKE 2185 THE MANE OF CEMETERY OF CREMATORY 230 BURJAL, CREMATION, REMOVAL 23d LOCATION 23b. DAJE COUNTY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR rence ADDRIVA

DHMH - 16 60M 7/B4 (VRA 15, 4)

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		REGISTRAR CEASED NAME OR PRINTS	FIRST	-	MIOOLE	LA	ASI D	REG. N 20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
2	TAPE	A:	line	1	Mae	1	lowell	Docember	23	1985	1005
3.	SEX		4.	RACE		5. DATE O		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24
		Female		Car	u	Jan	15, DAY 1901 AR	84	YRS		HOURS
70	BIF	RTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIET	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
ASS.	e	nnsylvan:	1	U.S		WIDOWE	DIVORCED [Wicomico			
1		ty or town of dea lisbury		(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET, La Genera	AODRESS)	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF FICE S	OF WORKING I	IFE) INDUSTRY	nical
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	FA	THER'S NAME FIRST Carlos		errar	LAST		15 MOTHER'S MAIDEN NA FIRST Emma	ME MIDDLE	Ko	ontz	st
- 10		AS DECEASED EVER I	N U.S. ARME	D FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD p R		issex A	Avenu
2		ES, NO OR UNKNOWN)	(1F YES, GIVE W	AR OR DATES)	186-07-	-1842	Norma G.	Powell-B			
		18 CAUSE OF DEATH PART I. DEATH WA	Enter anly	ane cause per							MATE INTERV
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STATE OF MARYLAND

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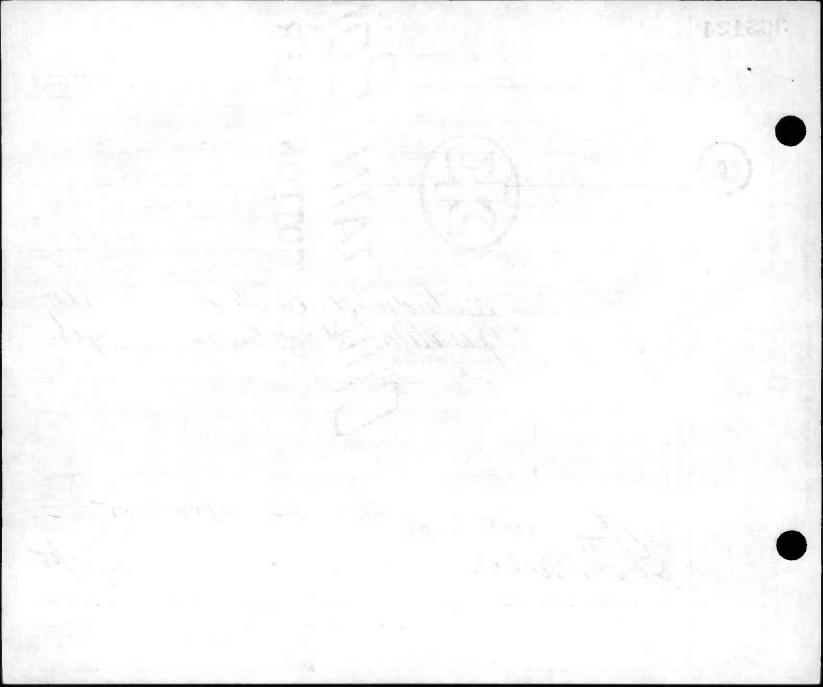
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	PEG NO					

DECEASED NAME				4=1111	FICALE OF		191	REG. NO.			
0.000	FIRST	,	MIDDLE	-	LAST		20 DATE OF		HINC	DAY YEAR	2h HOUR
	ROS	A POWEL	L			100			12	2-22-85	11:55 P
Female		RACE		5. DATE	OF BIRTH	YFAR	6 AGE (IN YE	ARS LAST BIRTHD		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
		White		More	04 09	1890	95		YRS		
BIRTHPLACE (STATE OF		CITIZEN OF		TRY? B.	-	MARRIED -	9 BALTIMOR	9 BALTIMORE CITY OR COUNTY OF DEATH			
Piffsville, Mo		U.S.		WIDOW	ED 📉	ONORCED [WICO	MICO (COUNT	TY Y	MD
CITY OR TOWN OF DE	ATH 1		HOSPITAL, NU	TREET ADDRESS)	OR OTHER IN	STITUTION	12a USUAL O			12b. KIND C	F BUSINESS OR
SALTSBURY				SING HO			Retin	ed Sec	amst	ress	
Maryland	13b COUNT		13 CITY OF Salisb			CITY LIMITS?	13e STREET A	wood	Drive	9	21801
Purnell	м	IDDLE	Nib	lett		rs maiden na lizabeth		MIDDLE	((Jnknowr	n')
WAS DECEASED EVE		ED FORCES?		6-9840	17. INFORM	Coles C	Evelyn ircle, So	Sapple Silisbury	rnsby	/ (Daugh aryland	nter) 21801
couse (a), stat		DUE TO/OF	RAS A CONSE	EQUENCE OF						-	Pieto
PART 2 OTHER SIG	SONIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING	1601.76.77	100		20a AUTOF	PSY? 2	Ob. IF YES	, WERE FINDIN	NGS USED OF DEATH?
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PART 2 OTHER SIG	SONIFICANT CO	19b. CONDITIONS CONDIT	ONTRIBUTING ITION FOR WE FINJURY M. MONTH M. OF INJURY REET, FACTORY, OF	DAY YEAR 19 FICE, FARM, ETC.)	216. HOW 1 211. LOCAT STREE	NJURY OCCUR NON ET 19 ATTENDING PHYSICIAN	20a AUTOF YES [] RED (ENTER NAIL	DSY? IDE OF INJURY II CITY OR TOWN on the date	POD IF YES N CERTIFY YE VITEM 18 P	S, WERE FINDING CAUSES S ART LORPART 2) COUNTY	NGS USED OF DEATH? NO STATE
PART 2 OTHER SIG	ATION ATION ADERITING [] CAUSE OF DEATH DICAL EXAMINER) RRED This hospital ACT from	19b. CONDITIONS CONDIT	ONTRIBUTING ITION FOR WE IF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFI	DAY YEAR 19 FICE, FARM, ETC.)	211. LOCAT STREE 212. ADDRE	NJURY OCCUR NJURY OCCUR NON Et 19 ATTENDING PHYSICIAN SS AVE. &	ZOR AUTOF YES RED (ENTER NATA death occurred MEDICAL BIRECTOR [OSY? 2 NO JRE OF INJURY II CITY OR TOWN on the date STAFF PHYSICIA	POB IF YES	S, WERE FINDING CAUSES S ART LORPART 2) COUNTY	NGS USED OF DEATH? NO STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR - STATE

REGISTRAR

William

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	00		6.00	64	
DEC NO					

Stirgis

RAPPES #2 Box 403

26 HOUR

1:05 p. M

noroa	1. DECEASED NAME (TYPE OR PRINT)	Brue	ce	WIDDLE	LAST			OF ESTI			YEAR	26 HO
英名の表に		Will	lam W	illiam	Price	5		DEATH MATE	D U 12	2-23	19 85	
罗克里克斯	1.5EX	4. RACE	S. DATE OF BIRTH		IN YEARS IF UNDER TY	The second second		DATE	MON			24 HO
S S S S S S S S S S S S S S S S S S S	male	white	June 29					DEAD	12	2-23	1985	p.
A STATE OF THE STA	To. BIRTHPLACE	(STATE OR	76. CITIZEN OF WH		8. MARRIED	NEVER MARRIE	ED 🗆 9 E	BALTIMORE C	ITY OR COL	JNTY OF	DEATH	
35 5 7 2	Maryla	nd	US	A	WIDOWED [DIVORCE	D 🗆	Wicomi	co Cou	inty,		1
お子を自己	0. CITY OR TOWN	N OF DEATH		PITAL, NURSING H	OME, OR OTHER INST		FOR MOST	OCCUPATION OF WORKING LIF	E)	0	R INDUST	RY
504 40 C	Salisb	ury	Peninsu	ıla Genera	al Hospita		Wast	e Vat	er Mg	r.Pe	erdu	e's
ANY D AND 3 RETAIN RECORD	ual residence 130. state Marylan	E (IF IN NURSING HOME I	OR OTHER INSTITUTION	RESIDENCE BEFORE AD. 13c. CITY OR TOW POCOMO	MISSION)			e #2,			0	51
NEWS	J4. FATHER'S NAA	AE .			15. MC	THER'S MAIDE	NNAME					

Price

166. SOCIAL SECURITY NO

no	(II TES, SITE TYAK OK SALES)	212-56-1715 B	eth Ann	Price	Pocomoke	City, N	Id.
	H (Enter only one cause per li AS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a), (b), ond (c).) Multiple Injurie	s			APPROXIMATE BETWEEN ONSET	
Conditions, if a gave rise to couse (a) stating lying couse last.	ony, which immediate the under-	R AS A CONSEQUENCE OF	3			1912	
PART 2 OTHER SIGNIFICAN	(c)T CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PAR	T 1 (a)_			

Juanita

17. INFORMANT

Mae

19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO

216. HOW INJURY OCCURRED SENTERNATURE OF BUJURY IN ITEM 18 PART 1 OR PART 21 OPERATOR OF TRUCK Which Overturned pinning subject beneath it 216. LOCATION 210 EXTERNAL CAUSE WAS UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 85 noon.M.

21e PLACE OF INJURY 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK XX NOT WHILE road Hickory Mill Rd. south of Waller Rd., Hebron,

Wicomico Co., Md. Autopsy XX 22a I certify that I took charge of the remains described above, held on Inspection

Accident XX Undetermined monner death resulted from Suicide Natural causes TITLE (SPECIFY)

12-24-85 Assistant

EXAMINER'S NAME Dennis F. Smyth, M.D. Penn St., Balto., Md. 21201 (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE

Buria] 12/28/85 Bethany Meth. Cem. Pocomoke Worcester 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

(VR A15 ME (5))

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH - 17

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL BY TO FUNEAL DIRECTOR, PAGES SHOULD BE USED AS BURING AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATICI

MEDICAL CERTIFICATION

Francis

Pocomoke City, Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

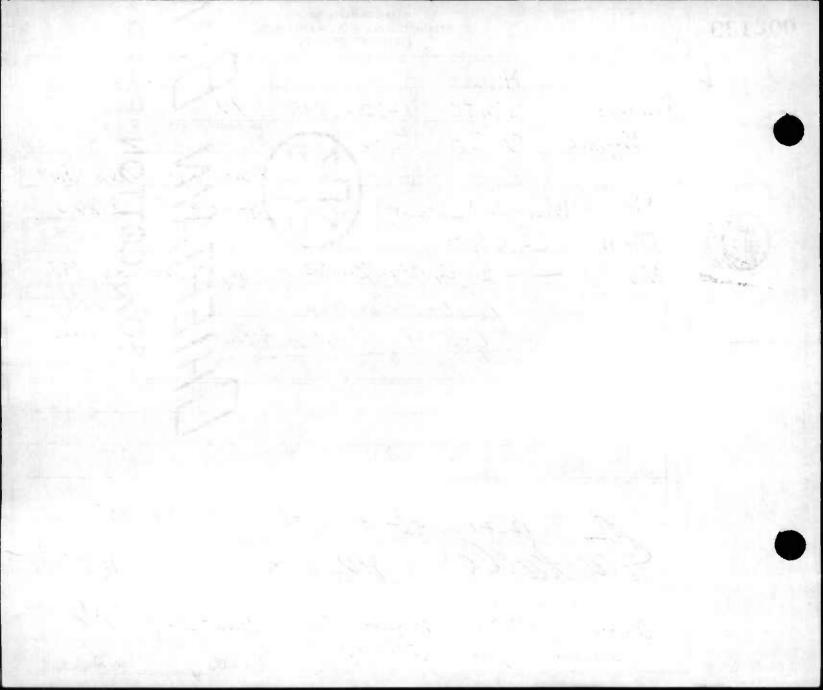
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	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	٥.	
	CEASED NAME FIR	A.		AST	2a. DATE OF DEATH		
		TYRTLE M. PRUITT			1 25	12 - 22 -	
3. SE	oma/s	White	5. DATE C		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 2 DAYS HOURS
	RTHPLACE (STATE OR FOREIC	1 0 5 1	MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O		тн
10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		12a USUAL OCCUPAT	ON 12h KI	IND OF BUSINES
SA	LISBURY	SALISBURY N	URSING HO	OME	170056 W	te au	MIN KIM
USU/ 13a. S	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION. GIVE RESIDEN GOUNTY 13c CITY (WICOMICL /2	DR TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE 2	1840
14. FA	Jehn	Ctocket	≸ sī	15 MOTHER'S MAIDEN N	E CODIE	Kett	LAST
	VAS DECEASED EVER IN U YES NO DR UNKNOWN) (IF	S. ARMED FORCES? 166. SOCI	AL SECURITY NO.	Biend /	Alkins, 5	2/12600	x, Mo
		nter only one couse per line for (a)	by and sell	/		16	
	PART I, DEATH WAS C	AUSED BY	41 4	11/100811			14.04
		DUE TO, OR AS A GO	NSEQUENCE OF	1 1 -	1.1.	S 8 3	
	Conditions, if any, wh	1.00	eaul12	ed autem	sellons		gro-
	gove me to immedia	ote)	5				/
		IST. DUE TO CHASA CO	NSEQUENCE.OF				
	BART 3 CYTHER ENGAGES	ANT CONDITIONS CONTRIBUTE	NO TO DEATH BUT	NOT BELLIED TO THE TE	MINAL DISEASE OR COL	DITION GIVEN IN BA	er I.a.
Z	PARTY MINER SIGNIFIC	ANT CONDITIONS CONTRACTI	NO TO DEATH BUT	TO SELATED TO THE TE	WANT THE WATER OF CITY	PATRICIA PRINCIPA NA LIN	
CERTIFICATION	19g DATE OF OPERATION	1% CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	28s AUTOPSY?	Tall IF YES, WERE F	INDINGS USED
FIC	THE DATE OF SERVINGE	THE GLOSTOTI CHESTOR	THE PERSON OF TH	A MARK CARL PARTIES	Section Composed	IN CERTIFYING CA	USES OF DEATH
E.		e F1 IN THE OFF		Ter Double and Section	YES NO	YES [NO [
7.	THE ACCIDENT WAS UNDERLYS OR CONTRIBUTING CAUSE	1000 1000 100 1 14 14 14 14 14 14 14 14 14 14 14 14 1	TH DAY YEAR	THE HOW INJURY OCCU	IRRED TENTER NATURE OF PAID	RE IN TERM THE PART I SHEAR	87.1)
CAL	LIFETHER HOTEL HEDICALES		19				
MEDICAL	214. INJURY OCCURRED	ZIE PLACE OF INJURY		TH LOCATION	Off 8810	WH COUN	rv ac
Σ	WHILE OF HOLINATE	I I POWE STREET FACTORY	CANCEL PARMETICE	- Allenda	4	700 CONT.	
	The state of the s	haspital) atteggled the deceased	from 2	-6 100	10 12	NY 10 80	that its in
	saw the formed of		All more	nd that in (my) (our) opinio	on death accurred on the d	ate and hour and from	
	THE RESIDENCE OF THE PARTY OF T	did not view the body after dual		DEGREE			
	THE CHAPPELL	1/0,11/1	-	A / / ATTENDING	_ MEDICAL STA		DATE FIGNED
	TOUR	THEE		PHYSICIAN	DIRECTOR PHYSK		11201
	THE SELANS NAME	Market O		124 ADDRESS	1.22		/
-	DD PART W	DEADDOT BY		CTUTO ATT	.m nm 50		
22. 0		BEARDSLEY,	- 122. NAME OF C	I CIVIC AVE.		ALISBURY,	MD/ 12
/30 E	BURIAL, CREMATION, REM	OVAL 236 PA 5 8 5	ISC NAME OF C	EMETERY OR CREMATOR	738 LOCATION	POLK B COUNTY	JV ST
	(DIXXI)	0 1	100	A	NAMINE		
14. FU	JNERAL DIRECTOR	Vin Wand	E (BIV	マルらり 神戸	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIG	GNATURE
	come	un for	4	PIO UE	630 1985 5	who Davidson	-Randa 00

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGI	ENE B	5	3	5	- 3	
CERTIFICATE OF DEATH		REG. N	10.			
LAST	20 DATE	OF DEATH	MONTH	DAY	YEAR	Ī

ı						REG.	NO.			
ľ		CEASED NAME FIRST	MIDDLE	LAST	The second second	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
1	(TYPE	John John	Johson	PRY	OR	DECE	MBER	2,1985	0918 M	
1	3 SEX		4. RACE	5. DATE OF B	IRTH	6 AGE (IN YEARS LAST!	SIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS	
1	MALC		white	MONTH	30 1904	- 81	YRS.	MONTHS DAYS	HOURS MIN.	
4	FIF BIE	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED			OR COUNT	Y OF DEATH		
K	N	PARYLAND			DIVORCED	Wicomico MD.				
I	III CI	TY OR TOY N OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			12a USUAL OCCUPA (TYPOF WORK FOR MO)		126 KIND O	F BUSINESS OR	
			Peninsula General Hospital			Ketireo	High	School	TEACHE	
		AL RESIDENCE (IF NURSING HOME OR TATE	TY 13c CITY OR TOW	E ADMISSION)	I INSIDE CITY LIMITS?	13. STREET ADDRESS	/ ZIP COS	* C	1 2100	
4	11		OMICO SALIST		ES NO	104	VIII	18 31	9100	
1	4 FA	LEONARD &	Pryole Pryol	^ 15	JOSEPHIN	MIDDLE		John.	SON	
1		VAS DECEASED EVER IN U.S.	NEB FORCES? 166 SOCIAL SECU	JRITY NO 17	INFORMANT	ADD ADD	RESS			
1		100 /	110-32-	3/dp (APOLYNI	V.17401	Se	eSec	13	
1		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), ar	id (cs.)		1		BET WEEN C	MATE INTERVAL ONSET AND DEATH	
PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Candial aux										
1			DUE TO, OR AS A CONSEQU	ENCE OF						
1		Canditians, if any, which	(b)						77	
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF				0.5		
П		underlying cause last	(c)			200				
1	_	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION G	IVEN IN PART 110	1	
4	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?	20h 15 VI	ES WERE EINIDIA	ICS USED	
4	꾶	IN DATE OF OPERATION	OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?					
Н	ERT	21a. ACCIDENT WAS UNDERLYING	7 1b. TIME OF INJURY	12	ROW IN HIPY OCCU	IRRED (ENTER NATURE OF IN		(ES DEBARY 2)	NO 🗌	
1	300	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	a. Now anyour occo	(ENIER NATURE OF IN	IORT IN HEM 16	RARI I ORPARI 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	1 LOCATION					
1	WHILE NOT WHILE		(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET			CITY OR	CITY OR TOWN COUNTY STATE			
1		AT WORK		15	12 1		15/5	10 4-		
1	22a. I certify that ((1) (this haspital) attended the deceased from 17 7, 19 1, to 22 19 1, that (1) saw the deceased above an 19 1, and that in (my) (aur) apinion death accurred on the date and haur and from the causes sta									
obove (I (we) (did) (did not) view the body offer death. DEGREE 220. DATE SIGN										
ATTENDING MEDICAL STAFF								- (+5		
Н		III. PHYSICIAN'S NAME (TYPE O	R PRINT)	PHYSICIAN DIRECTOR PHYSICIAN 18 (8)					7	
1		J. A. Cockey. 218 Newton						1celis	bun	
1	23e B	SURIAL, CREMATION, REMOVAL	23b. DATE 23 ₅₃	NAME OF CEM	ETERY OR CREMATORY	234 LOCATION	1	1 ,		
1		BURIAL 12-4-1985 PARSONS CEMETERY SALISBURY WIL MO								
1	24 FUNERAL DIRECTOR 1 0 ADDRESS 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE									
1	0	AKEN TOOU	NOS SALISI	101141	MO UTI	C sanget	4			

DHMH - 16 60M 7/B4

(VRA 15, 4)

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TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AN CEPTIFIC ATE O

1D	MENTAL	HYGIENE	~3
F	DEATH		DEC NO

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

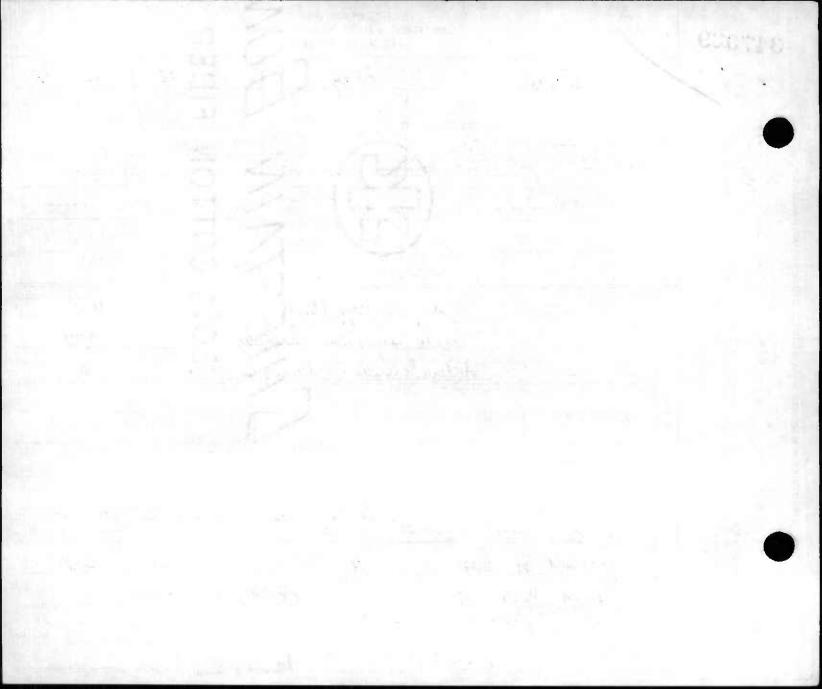
100	REGISTRAR				CERTII	ICATE OF DEATH		REG. I	NO.		
	GEASED NAME OF PRINTS	FIRST ELW98		eck	A	Pusey	2a DAT	E OF DEATH	MONTH /Z	7 83	- 120 M
1, SE	Male	14	RACE Wh		5. DATE O		6 AGE	(IN YEARS LAST B	IRTHDAY)	MONTHS OAY	
P	ocomoke, N	Marylah	d U.	WHAT COUNT S.A.	WIDOWE		'	MORE CITY	_	Y OF DEATH	MD.
	alisbury	7 1	Penin	HOSPITAL, NU Stulta NE	rsing home of Seneral	Hospital		JAL OCCUPA work for most etired			
13a S	at residence (# NUF Grate aryland	136 COUNT		GIVE RESIDENCE B 134 CITY OR T Eden		138. INSIDE CITY LIMITS YES NO	13e STRI Rou	EET ADDRESS	Box 90	E	21822
14 FA	THER'S NAME FIRST	,	IDDIE	Pusey		15 MOTHER'S MAIDEN		WIDDIE		Hal	es
	VAS DECEASED EVE YES, NO OF UNKNOWN)		ED FORCES? WAR OR DATES!	166 SOCIAL S 212-1	6-1992	17. INFORMANT Same as	Mrs. #13e	Vera	· Puse	y (Wife	2)
	18 CAUSE OF DEA PART I. DEATH V	TH (Enter only WAS CAUSED IMMEDIATE	BY:	1100 - 21	office	N. +	_	3.0		BETWEE MI	NIMATE INTERVAL NONSET AND DEATH
	Canditians, if an	y, which		R AS OCONSE		cardial Ar	ferritur	()		0	445
	gove rise to in cause (a), stati underlying caus	ing the	DUE TO, O	Antin	DUENCE OF	tie Cardina	sculm	Direct		YA	8
NOI			ONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TI			NDITION GIV	VEN IN PART	lia
CERTIFICATION	190 DATE OF OPERA	ATION	196 COND	ITION FOR WH	HICH OPERATION	N WAS PERFORMED	20a A	AUTOPSY?			OINGS USED ES OF DEATH? NO
CAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEAT		F INJURY M. MONTH M.	DAY YEAR	21c. HOW INJURY OCC	CURRED (ENT	ER NATURE OF INJ	URY IN ITEM 18 I	PART I OR PART 2)	
MEDICAL	21d INJURY OCCUR	VHILE [21e PLACE	OF INJURY REET, FACTORY, OFF	FICE FARM ETC)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
	22a I certify that (I saw the decea abave (I) (we)	sed alive on_	(2/7	1	-36	2 6 19 8 ad that in (19) (aur) apin	to_	urred an the	Z date and hou	19	, that (we) last be causes stated
	22b. SIGNATURE	rula	u h	MO		DEGREE ATTENDING PHYSICIAN	G MEDIC	CAL STA	AFF ICIAN	22c DAT	E SIGNED
ď	22d. PHYSICIAN'S N	M. V	VOD	10		22e ADDRESS	-MMC	-Salisb	oury, M	aryland	d
23a. B	SPECIFY) Burial	REMOVAL	23b. DATE	/1985		EMETERY OR CREMATOR		OCATION			ryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT

24 FUNERAL DIRECTOR

Holloway Funeral Home, P.A., Salisbury, Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	3	3	1	6-	0
G NO					-r

0	1	REGISTRAR		CERTIFICATE OF DEATH REG. NO.							
		OR PRINT) Cheste	4 .	e-S+	Rayr	100	120. DATE OF DEATH	29,1985	26. HOUR		
	3. SE		4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT				
	M	ale	Cauca	sian	10 0	6 1917	68	YRS DATE	HOURS MIN.		
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	VER MARRIED	9 BALTIMORE CITY OF				
d		laryland	U.S.A		WIDOWED	DIVORCED	Wicomico		MD.		
		TY OR TOWN OF DEATH lisbury, MD	(IF NOT IN SU	CH FACILITY, GIVE STREET	ig home or other address) neral Hos		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF				
	130. S	AL RESIDENCE (IF NURSING HOAD) TATE 136 C			ille YES X	IDE CITY LIMITS?	Rt. 1, Bo	-	660		
		FIRST	MIDDLE	LAST		FIRST	WIDDLE		AST		
		dward VAS DECEASED EVER IN U.S	A BAAED FORCESS	Rayne		izabeth	ADDRE		lest		
	0	(ES, NO OR UNKNOWN) (IF YE	GIVE WAR OR DATES		B 7						
	IV	0		220-09	-1189 Ma	ggie Bal	ker, Powel				
		18 CAUSE OF DEATH Enter					0000	BETWEE	XIMATE INTERVAL NONSET AND DEATH		
		IMMEI	DIATE CAUSE (a)	CARD	10 PULMO	NAKY	BARESI				
1	CERTIFICATION	PART 2 OTHER SIGNIFICAL FINS 9 6/190. DATE OF OPERATION	NT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT NOT REL		INAL DISEASE OR CONE	OITION GIVEN IN PART	INGS USED		
	E	7-11			100		YES NO	YES 🗌	NO 🗆		
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O UIF EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A	OF INJURY .M. MONTH DA .M. OF INJURY	AY YEAR	CATION	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)			
	MEC	WHILE NOT WHILE		REET, FACTORY, OFFICE F		STREET	CITY OR TO	VN COUNTY	STATE		
		AT WORK AT WORK			1 -9	-6	17-	9 85	gree .		
		220 I certify that (I) (this h saw the deceased plive	an /2 -	219	85, and that in	(my) jour) apinian d	death accurred an the da	ite and hour and fram th	, that (I) (we) last e causes stated		
		abave, (I) (we) (did) (die 22b. SIGNATURE	d nat) view the bady	after death	DEGREE				E SIGNED		
		Q.	101	11-11	MO	ATTENDING	MEDICAL STAF	F _ 10/	21/05		
		22d. PHYSICIAN'S NAME (T	PE OR PRINT)	M. W.M.	22e AD		DIRECTOR PHYSIC	IAN LI	20/00		
		DENNIS J.	CHODNICA	KI MO			IST ST, SAL	SBURY MD	21201		
		URIAL, CREMATION, REMO			NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	COUNTY	STATE		
	В	urial	1/2/	86			tery Powe		Wic MD		
	24 FL	INERAL DIRECTOR	104	0 772 7 7 7 .	01-	250 DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	TURE		

DHMH - 16 60M 7/84

108 Williams Street W. Kirk Burbage Berlin, MD 21811

1000 Julie Varidon Bordesse

1	-	FOR STA REG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	' -	REGISTRAR		CEI	RTIFICATE OF	DEATH	REG. NO	D .			
		CEASED NAME FIRST	MIDDLE		TAST			MONTH DA		26. HOUR	05
		BESS	SIE RINGGOLD				December 1			0	OM
	3 SEX	emale	Black		ATE OF BIRTH	* 6°9	6. AGE (IN YEARS I AST BIR 84	MC	ONIHS DAYS	HOURS	MIN.
1	70 BIS	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8.			9. BALTIMORE CITY O	R COUNTY O	OF DEATH	LL	
2	C	°MA'RYLAND	USA		ARRIED NEVER	WORCED	Wicomico	County	7		MD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O Deer S Head			TITUTION	FOOD PAC		INDUSTRO	F BUSINES OD	SOR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 CON ARYLAND Q.	NTY 13c. CITY	OR TOWN LINGT	N YES [BOX 133 S	ZIP CODE PRING	RD.	65 PONE	TOW
	N FA	THER'S NAME GEÖRGE	** ELLIOT	T ^{AST}		S MAIDEN NAM TZABET	H MIDDLE	DAV	IS 'AS	1	
2		VAS DECEASED EVER IN U.S. AI		-05-72		A JOHN	SON daug	hter	same		
		PART I. DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	DNSEOUENCE		SOVIEDE THE VIED	lular disparlar dis	eare	ge.	MATE INTERVONSET AND C	
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT PART 190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPER	ATION WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	4GS USED	H?
7	MEDICAL CE	216. ACCIDENT WAS UNDERTYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE [NOT WHILE [HOT WHILE [H		NTH DAY Y	YEAR 19 211 LOCATI	ON	CITY OR TO		(OUNTY	ST	ATE
		220. I certify that (I) (this hosp saw the Openion of the Openion	ot) view the body ofter dea	0.0	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAL	FF ,			
		I. J. Hwang,	1/	1			Center, Sa	lisbu	cy, MD.	218	01
	23a B	URIAL, CREMATION, REMOVAI		73c NAME MT.	OF CEMETERY OR PLEASAN	CREMATORY	PONDTON				

DHMH - 16 50M 4/83 (VRA 15, 4)

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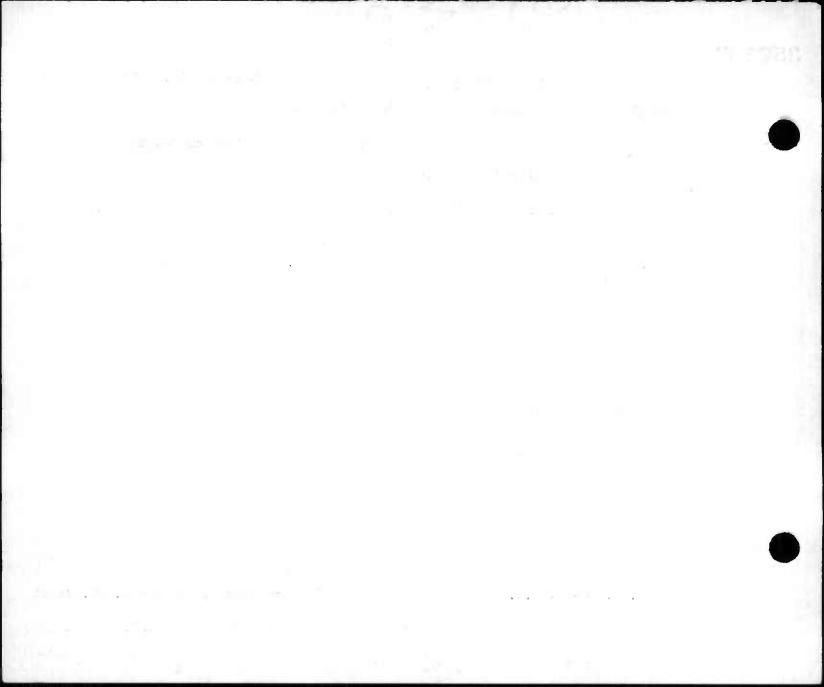
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complete should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

IMPORTANT: If them 21 is marked or them 18 more any injury, or other traumatic event, the

24 FUNERAL DIRECTOR F.H. box 270 MILLINGTON, MD

12/13/85 PLEASANT

216 DEC 17 1985. SEGISTRAR'S SIGNATURE



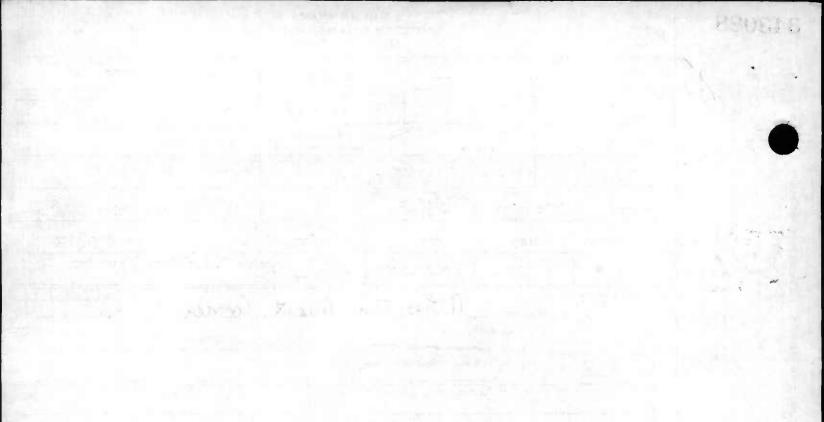
neral director, page 3 in 72 hours ofter death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The fow

	CEASED NAME	FIRST	MIDDLE		AST DEATH	REG. N		2 № НС
(TYPE	OR PRINT)	Melva	Mary		Rohrbaugh	Decembe	er 2, 1985	
1. SEX Female		4. RACE White		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYE MONTHS DA	AR IF UND
Α	RTHPLACE (STATE OR FOCOUNTRY) Ustralia ITY OR TOWN OF DEA	U.	S.A.	MARRIE		WICOMI	COUNTY OF DEATH	
-	DELMAR AL RESIDENCE (16 NURSI)	(IF NOT IN	E OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN SUCH FACILITY, GIVE STREET AGGRESS) 27 MAR LYNN DRIVE			120 USUAL OCCUPATION OF WORK FOR MOST OF		D OF BUSIN
Mc	aryland	136 COUNTY Wicomico	134. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO		Lynn Drive	48
14. F.A	George	Henry	Head		15. MOTHER'S MAIDEN NA Helen	WIDDLE	App	deton
16a V	VAS DECEASED EVER I	N U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			17 INFORMANT Car Same as #1:	olyn C. McIn Be	fyre (Daugh	ter)
	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	, OR AS A CONSEOU , OR AS A CONSEOU	ence of	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PART		
FICATION	19a DATE OF OPERATI	10N 19b CO	NDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS US
CERTIFICATION	190 DATE OF OPERATI	ERLYING 21b. TIM	NDITION FOR WHICH		N WAS PERFORMED	YES NO	IN CERTIFYING CAUS	DINGS USI SES OF DEA NO
MEDICAL CERTIFICATION	19a DATE OF OPERAT	ERLYING 21b. TIM AUSE OF DEATH AL EXAMINER) ED 21e. PLA	E OF INJURY	AY YEAR	26 2 2	YES NO	IN CERTIFYING CAUS YES THE PART I OR PART	DINGS USI SES OF DEA NO
	218. ACCIDENT WAS UNDED OR CONTRIBUTING C. (IF ETHER NOTIFY MEDIC. 21d. INJURY OCCURRI WHILE NOT WHILE AT WORK 220. Certify that (I) (sow the decease obove, (I) Wee) (3)	ERLYING 21b. TIM_ AUSE OF DEATH AL EXAMINER) ED	E OF INJURY A.M. MONTH D. P.M. CE OF INJURY STREET, FACTORY, OFFICE, I	AY YEAR 19	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSE YES COUNTY WN COUNTY 19 21e and hour and from the county of the	DINGS USI SES OF DEA NO
	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CITETHER. NOTIFY MEDIC. 21d. INJURY OCCURRI WHILE NOTIFY MORE AT WORK 220.1 certify that (I) (sow the decease.	ERLYING 21b. TIM AUSE OF DEATH AL EXAMINER) ED 21e. PLA (AT MOMIX (this hospital) attended d alive an id) (did not) view the ba	E OF INJURY A.M. MONTH D. P.M. CE OF INJURY STREET, FACTORY, OFFICE, I	AY YEAR 19 FARM ETC)	21f. HOW INJURY OCCUR 21f. LOCATION STREET , 19 d that in (my) (aur) opinion DECREE ATTENDING PHYSICIAN	YES NO CHER NATURE OF INJUING CHEY OR TO CHEY OR TO death occurred on the do	IN CERTIFYING CAUSE YES TO THE PART OF	DINGS USSES OF DEA NO 2) -, that (I) the couses s

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottens should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,



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VII	2.4	icotte ionic
ON	35.0	cert
DIVISION OF VITAL RECORDS, 201 W. PRESTON 5T., BALTIMORE, MARYLAND 21201	17 AL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed Min. Sections after death. Fage 4 may by the happing or attending physician.	EBAL DIRECTOR. After this certificate has been signed by the attending physician and compiled signed in the funeral director page detached for use as the burial-trainst permit. This please amove carbon aspers, they see the burial-trainst permit.
-	END O	SR A
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351123	1.	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE CERTIFICATE OF DEATH REG. NO.
ge 4 may be estic, page 3		Female Negro Feb. 17,1927 58 YRS MONTHS DATS HOURS MIN.
or after death to dea	40 C	MARRIED NEVER MARRIED WIDOWED
SALTIMORE, MARYLAND 212 The Exercised Control of Contr	130	AL RESIDENCE PUBLISHED HOW COUNTY THE PROPERTY OF TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER'S MAIDEN NAME MIDDLE STREET ADDRESS / ZIP CODE YES ON NO DOWN 15. MOTHER TOWN 15. MOTHER
BALTIMORE, I fromthe be execu- physician and c sabpen. Pages noval.	1	I CAUSE OF DEATH Enter only one couse per line for ion, by ond ich part i. Death Was Caused BY.
that the death sert that the death sert consistency or resort of the other traumatic end of the traumatic end of t		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Column Colu
TALRECORDS, 2 The law requires ticins. In hos been signs that permit Then p riginary poor to bus shows girly relaty.	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO YES NO 2 210. ACCIDENT WAS UNDERLYING 2116. TIME OF INJURY 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF VI BIG PHTSICIAN ther this certifica as the buriof-trou th and Memal Hy orked or from 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
AL OK ALTEND AL OKECTOR , deteched for use are Digit of Near ALL I hem 21 is in	(The Certify that (I) (this hospital) attended the decreased from 19 , 19 , to 19 , to 19 , that (I) (we) lost saw the decreased alive on obave, I) who had (id go) view he dody after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR
TO HOSPIT TO FUNES should be with the Sh	230	22¢ ADDRESS LOCUST LOUINCY STREET SALIS BURY Md. 21801 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY MAIN COUNT
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	NERAL DIRECTOR NERAL DIRECTOR ADDRESS ADDRESS

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requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN: The law offending physicion.

retained by the hospital TO HOSPITAL

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIEND CEDTIFIC ATE OF DEATH

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	CEASED NAME	FIRST	,	MIDDLE	L/	AST .	70	DATE OF DEATH	MONTH	DAY YE	AR 2b	HOUR
-	CORPRINT)	Fr	ed I	. Ruar	ck	Kumk	- 3	December	18,	1985	- 0	5240
3. SE	X		RACE		5. DATE O		E AR	AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1		UNDER 24 H
	Male		White			13, 1907		78	YRS.	MOINTING	JAI'S	0083
	IRTHPLACE STATE O	R FOREIGN 7	L CITIZEN OF	WHAT COUNTR	Y? B.	NEVER MARR	ico stat	BALTIMORE CITY		Y OF DEAT	Н	
Ma:	ryland		U. S. A	١.	WIDOWE			Vicomico				
	ITY OR TOWN OF DE	EATH .		HOSPITAL, NURS HEACHITY, GENE ULTA		spital	ON 12	USUAL OCCUPAT PPE OF WORK FOR MOST Truck Dri	ION of working Ver	HEE) INDUS	ND OF B STRY Oduc	
130. S Ma:	AL RESIDENCE IF NU STATE ryland	13b COUNT Wicom	T,Y	GIVE RESIDENCE BEF- 13c CITY OR TO Salisb	NWC	13d INSIDE CITY LI		STREET ADDRESS Route #6			1801	
Le	e Bayman F	Ruark	MDDLE	LAST		15. MOTHER'S MAP					LAST	
160 N	WAS DECEASED EVE YES, NO OR UNKNOWN) O		MED FORCES? WAR OR DATES)	220-10-		17 INFORMANT Katherine	e G. R	ank (sa		abov	e)	
	18 CAUSE OF DEA	TH (Enter only	y one couse per	line for (a), (b),	and to	,						E INTERVA
	Conditions, if on gove rise to in couse (a), stat underlying cou	nmediate ing the)	Small RAS A CONSEC		Carcino		of Lu.	^5			ont
TION	gove rise to in couse (a), state underlying course PART 2 OTHER SIG	nmediate ling the se lost.	DUE TO, O (c) ONDITIONS CO	R AS A CONSEC	O DEATH BUT	NOT RELATED TO T	HE TERMINA	IL DISEASE OR COM	ADITION G			ONF
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	gove rise to in couse (a), statunderlying countries of the countries of th	MINIMEDIAL EXAMINER) ATION MDERLYING [] CAUSE OF DEAL DICAL EXAMINER) RRED MHILE [] ORK Jeff (this hospituses of live on [did] (did not)	DUE TO, O (c) (c) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f	ONTRIBUTING TO	OUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 CE, FARM, ETC.]	NOT RELATED TO T N WAS PERFORMED 21c. HOW INJURY 21l. LOCATION STREET 19 nd that in (my) (and) DEGREE ATTEN PHYSI	OCCURRED BS opinion deo	L DISEASE OR CONTROL OF INJ	20b IF YI IN CERT IN CERT IN OWN	ES, WERE FI IFYING CAI YES B PART I OR PART COUNT 19	INDINGS USES OF I	STAT
MEDICAL	gove rise to in couse (a), statunderlying couse (a), statunderlying couse (a), statunderlying couse (a), and a content was underlying a contribution (if either, notify me a) with a look (b) and the deceed obove, H (we) 27b. SIGNATURE	Mediate ing the se lost. GNIFICANT COATION ATION NDERLYING	DUE TO, O (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	ONTRIBUTING TO	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 19 10 10 10 10 10 10 10 10	NOT RELATED TO T N WAS PERFORMED 21c HOW INJURY 21l LOCATION STREET 19 10 d that in (my) (my) DEGREE PHYSI 27e ADDRESS	OCCURRED OCCURRED Opinion deo	L DISEASE OR COP 200 AUTOPSY? YES NOW CITYORT AND ALEDICAL STA	20b IF YI IN CERT IN CERT IN OWN	ES, WERE FI IFYING CAI YES B PART I OR PART COUNT 19	INDINGS USES OF I II	STATI
WEDICAL .	gove rise to in couse (a), statunderlying couse (b). Statunderlying couse (c). PART 2 OTHER SIGNATURE (C). PART 2 OTHER SIGNATURE (C). PART 2 OTHER SIGNATURE (C). PART 3 OTHER SIGNATURE (C). STATUNG (C). PART 3 OTHER SIGNATURE (C). STATUNG	Mediate ing the se lost. GNIFICANT COATION ATION NDERLYING	DUE TO, O (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	ONTRIBUTING TO	DAY YEAR 19 19 10 10 10 10 10 10 10 10	NOT RELATED TO T N WAS PERFORMED 21c. HOW INJURY 21l. LOCATION STREET 19 ad that in (my) ion DEGREE PHYSI 22e ADDRESS	OCCURRED OCCURRED Opinion deo IDING ATORY	L DISEASE OR COP 200 AUTOPSY? YES NO CITYORT CITYORT The occurred on the companion of t	206 JF Y IN CERT IN CERT IN CERT IN OWN	ES, WERE FITTYING CAI YES PART I OR PAR COUNTY 270. [indings uses of try tho in the cou	STAT

DHMH - 16 60M 7/8 (VRA 15, 4)

DOSEPHTALOR TO HOSPITALOR TO FUNERAL DIR TO FUNERAL DIR TO STORE DER T	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2 mounts ofter death. Page 4 may be calcumed by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filling any set of funeral director, page 3 should be detached for use as the buriof-transit permit. Then please remove corbon papers. Page Trand 2 should be detached for use as the buriof-transit permit. Then please remove corbon papers. Page Trand 2 should be detached for use as the buriof-transit permit. Then please remove corbon papers. Page Trand 2 should be death and Memorial Hygiene prior to buriof, cremotion, or removal. MAPORTANT: If Item 21 is marked on Item 8 shows any injury, or other troumatic event, the medical transmissible gottined arouse.	3. SEX NO. 70. BI 10 CT Sa USUA 130 S	THPLACE (STATE OR F. COUNTRY) TY OR TOWN OF DEAD THER'S NAME FIRST TOWN OR PINKNOWN) TOWN OR DECEASED EVER FES NO OR PINKNOWN) TOWN OR OF TOWN OR OWN TOWN OR OWN OR CONTRIBUTING THE TYPE NOTIFY MEDIC THE NOTIFY M
0 0 2 1 3 2	O HOSPITAL OR ATTENDING PHYSICIAI etonned by the hospital or ottending ph TO FUNERAL DIRECTOR. After this certificational be detached for use os the burial-triwith the Store Dept. of Health and Mental MPORTANT. If them 21 is marked or them I		220.1 certify that (I) sow the decease obove, (I) (we) (d 22b. SIGNATURE 22d. PHYSICIAN'S NA

STATE OF MARYLAND

	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENEÖ	REG. N	ن ۲٥.	2	2	V)	
E	Sample	20 DATE	OF DEATH	MONTH	DAY 29.	1985	26 HOU	
	5 DATE OF BIRTH I	6. AGE (IN YEARS LAST B	IRTHDAY)	MONTH	DER I YEAR	IF UNDER	24 HF

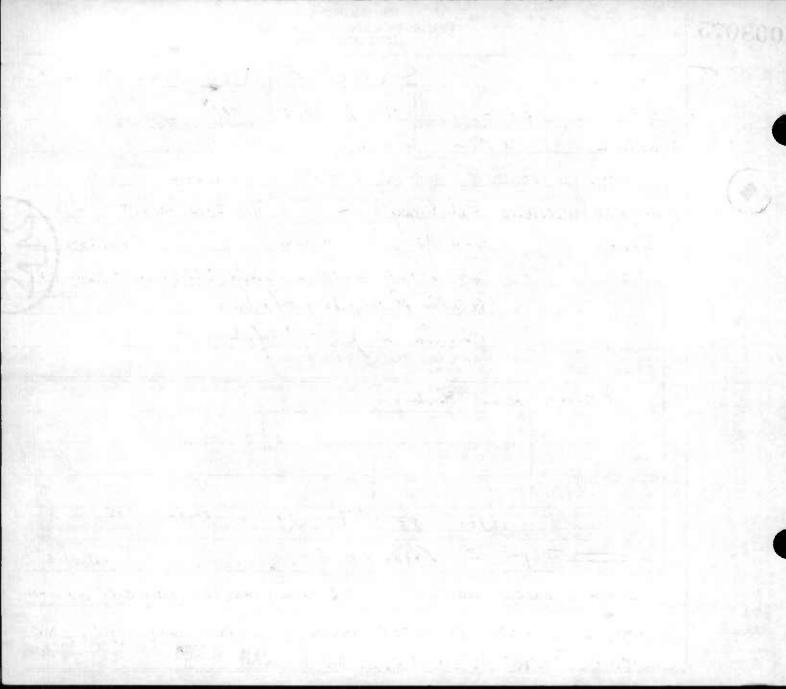
					9 BALTIMORE CITY OR COUNTY OF DEATH WICOMICO 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 130 STREET ADDRESS / ZIP CODE HIG ROSE STREET ADDRESS / AND CODE WADDLE MIDDLE MIDDLE MIDDLE LAST			
1	1. DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	TSAAC		50	mules	Doman	C and	1.1985	DMS.
ł	3. SEX	I4 RACE	Is DATE C	S DIDTU	A AGE CIN YEARS LAST BIR	THOAY) IF		IF HINDER 21 HRS
J		0 /	MONTH		O. AOL (INTERESTERS) DIR			
4	MALE	BLACK	11-	- 8-1914	7/	YRS		
4	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
1	Virginia	U. 5. A	WIDOWE		Wicomico			АП
i	10 CITY ON TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME C		120 USUAL OCCUPATI	ON		
ř.	Caliabana MD	(IF NOT IN SUCH FACILITY, GIV	~ -	Hognital			INDUSTRY	
d	Salisbury, MD USUAL RESIDENCE (IF NURSING HOME O		General E BEFORE ADMISSIONS	Hospital	LANDEE	14		
4	13a STATE 13b. COU	NTY 13t. CITY O	RTOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	1-11	CHI
4	MARYLAND Wic	emico SAli	shury	YES 🔁 NO	416 ROSE	Stires	-10-11	0 -
	14 FATHER'S NAME	MIDDLE LA	st /	15. MOTHER'S MAIDEN NAM			1.457	
Α	T-SMAC	5AM	PLE	MARLY	MIDDLE	(DOM:	56
	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS	01411	
	(YES NO OR HNKNOWN) (IF YES, GI	VE WAR OR DATES)	71.4150	C = = = = S	1141- 170	F. Junio	de	1. MA
ı	120	1217	4 1600	19 ENGUEL	AMPIE GEO	601900	APPROVI	119. 100.
ı	PART I. DEATH WAS CAUS	nly one cause per line for (a),	th and ic	10 1	/ /		BETWEENO	NSET AND DEATH
1		TE CAUSE (o) ULW	w ras	hours of	Mune			
ł	The state of the s	DUE TO, OR AS A CON	ISE ON IENICE OF		1.1			
ı	Conditions, if ony, which	Chr	me R	alant C	Halon			
ŀ	gove rise to immediate	(0)		7	1			
I	cause (a), stating the underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF		•			
ł		(c)						
ı		77 77	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	- Kend 7	ALL T					
1	4 190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?			
١	£				YES TO NOT			
1	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR		,		
1								
1	OR CONTRIBUTING CAUSE OF DE THE EITHER NOTIFY MEDICAL EXAMINE		19	AN AGGATION				
1	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY.	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK NOT WHILE					,		
1	22a 1 certify that (I) (this hosp	ital) attended the deceased	from	May 19 84		29,19	35	hot (I) (we) lost
1	sow the deceased alive or	ot) view the body ofter death.	_19, or	nd that in (my) (our) opinion o	deoth occurred on the de	ate and hour o	nd from the c	ouses stated
	22b. SIGNATURE			DECREE			22c DATE S	
		with Z.	8mm	MD ATTENDING	MEDICAL STAI		12/3	30/85
4	22d. PHYSICIAN'S NAME (TYPE			PHYSICIAN L	DIRECTOR PHYSIC	IAN	101/2	,0/40
	JOSEPH Z. 1	SADROS MD		813-B EASTERN) SHORE DRIVE	, SALIS.	BURY 1	nD altol

23d LOCATION
CITY OF TOWN

SALIS DUCKEY 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE wico MO REGISTRAR SOIGNATURE 250 DATE REC'D. BY REGISTRAR 755. 24. FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



007091	L
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE C - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST Smith DECEASED NAME 20 DATE OF DEATH 26 HOUR Helen R. 4 RACE 5. DATE OF BIRTH 02 01 1900 Female White Ta. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico Maryland U.S.A. 0 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Peninsula General Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Salisbury Secretary 13c. CITY OR TOWN Salisbury 13e STREET ADDRESS / ZIP CODE 13d, INSIDE CITY LIMITS? Wicomico Maryland 120 Walston Avenue 21801 ATHER'S NAME 15 MOTHER'S MAIDEN NAME Waller Archibald Renshaw Anette 17 INFORMANT 166 SOCIAL SECURITY NO. Mr. Howard Gordy (Cousin In Law) 19940 214-10-9656 Rte #2 Box 345 Delmar-Laurel Hwy., Delmar De. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TIO 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH

21d INTURY OCCURRED 15BUM 1

220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

DEGREE

12/30/1985 Parsons Cemetery Burial Salisbury, Wicomico, Maryland

Holloway Funeral Home, P.A., Salisbury, Maryland

June Havidson- Rando 82

2H & WA

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the haspital or attending physician.

BP.

365121

FOR STATE REGISTRAR

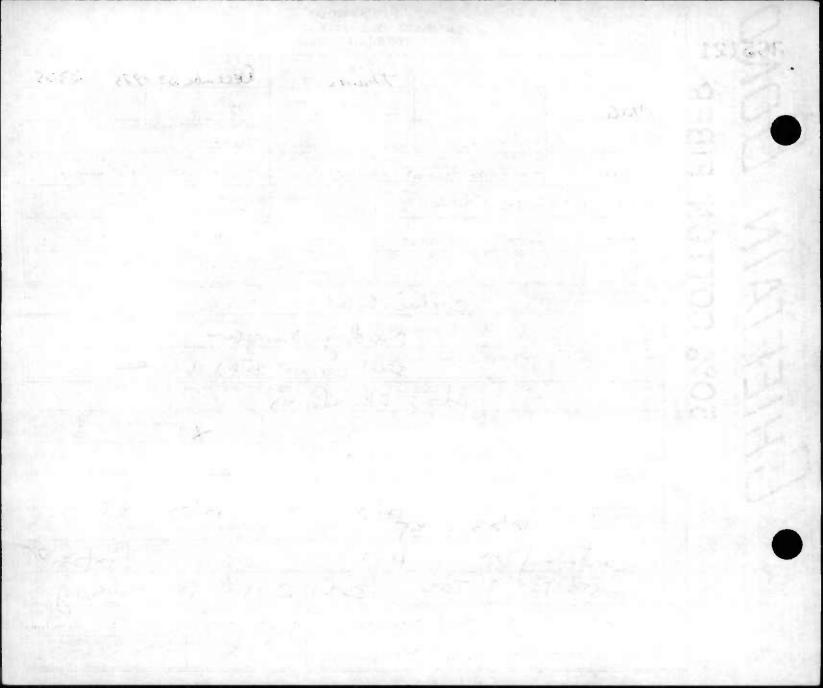
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEATH	
DEC 1	N

	00.00		lichard	-	Lhomas	20 DATE OF DEATH MON	TH DAY YEAR	26. HOUR
3. SE	× Male Male	4 RACE White	e	5. DATE (DE BIRTH 02 1938	6. AGE (IN YEARS LAST BIRTHDAY	YRS IF UNDER I YEA	
1	RTHPLACE (STATE OR FOR	U.S.		MARRIE		9 BALTIMORE CITY OR CO WICOMICO	OUNTY OF DEATH	MD.
Sa	ITY OR TOWN OF DEATH Lisbury	Peninsu	HEACILITY, GIVE STREET A	DDRESS)	spital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Heavy Equip	RKING LIFE! INDUSTR	or Business or Property
130	AL RESIDENCE (IF NURSING STATE 13 Maryland		Delmar		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF	21875	
4	Charles	Henry	Thom		15. MOTHER'S MAIDEN NA Mary	Flizabeth	ı SI	laughter
16a \	VAS DECEASED EVER IN YES, NO PEUNKNOWN) (U.S. ARMED FORCES? IF YES GIVE WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	Same as #1.	hester E. Thom 3e	ias (Brothe	er)
	PART I. DEATH WAS	Enter only one couse per CAUSED BY: (MEDIATE CAUSE (o)	Cara	4	Filml		APPRO BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
NO	underlying couse	hich (b)	R AS A CONSEQUE	D CF	secting And all coronary nor related to the text related to the te	ury &~ artery Dis	ON GIVEN IN PART	lia
CERTIFICATION	19a DATE OF OPERATIO	IN IN COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		ERTIFYING CAUSI	
MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	ISE OF DEATH HOUR A. EXAMINER) P. 21e. PLACE	m, month da m.	19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN I	COUNTY	STATE
	sow the deceased	olive on Oldinot) view the body	3 199	,)	DEGREE	death occurred on the date o	22¢ DA	that (I) (we) last he couses stated
	22d. PHYSICIAN'S NAM COPST	. /	TANU		122e ADDRESS	iversible or	. Salz	burg
	BURIAL, CREMATION, RE. SPECIFY) Burial				nico Memorial		Wicomico	o, Maryland
24 F	JNERAL DIRECTOR Höttoway Fu	neral Home,	P.A., Sali	isbury	, Maryland	EREC'D. BY REGISTRAR 256, I	REGISTRAR'S SIGN	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicinishould be detached for use as the burial-transit permit. Then please remove carbompaper with the State Dept of Health and Mental Hypinia prior to burial, cremotion, or removal MAPORTANT: If them 21 is marked or them 18 flow and injury, or other traumatic event, the



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA

۱ -	FOR STATE REGISTRAR	Etho
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STATE OF MARYLAND

5	5	5	1	0	4
REG. NO	Э.				

	1-	STATE REGISTRAR 5+he			F HEALTH AND MENTAL HY	(GIENE) 3	NO.	1 6		
		EASED NAME FIRST		Т	immons	20. DATE OF DEATH			2b. HOUR	₹
	,,,,,	Ethel	1	weivin i m	mans	12-	08 - 8.		3	AM
	3. SEX	-	4 RACE		E OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF U		HOURS	MIN.
		Female	-		5 - 5 - 09	76	YRS			
		RTHPLACE (STATE OR FOREIGN OUNTRY) aryland	U.S.	A. MAR	RIED NEVER MARRIED WED DIVORCED	Micom	OR COUNTY OF	DEATH		MD.
1	So	risbury	Salist	PACHITY, GIVE STREET ADDRESS)	ing Home	TYPE OF WORK FOR MOS	T OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINES	SSOR
př	M	aryland W	OUNTY		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	BoxI	48 =	2/8	7 7
	1	THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN N			LAST		
100			10.50 5005500		Virginie			Wood		
				217-05-2911		ene C. Ti ^{ADC} Pittsville, N	ที่เอ๊กร (Sor Naryland			
		PART I. DEATH WAS CA IMME Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OF	My BNV4		luce		APPROXIM. BETWEEN ON	1K	
	,	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	INTRIBUTING TO DEATH	SUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CO	NDITION GIVEN	IN PART 1(0)		
	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	THEMILA TION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	VERE FINDING NG CAUSES O	GS USED OF DEATH	H?
		OR CONTRIBUTING CAUSE C	DE DEATH HOUR A.	M. MONTH DAY YE	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			21f. LOCATION STREET	CITY OR	TOWN	COUNTY	ST	TATE
		saw the depresed aliv	e on ///	18/19	one that in (my) (our) apinio	, to	dote and hour or		not (I) (w	,
		77k Sjarvarus	SED NAME FIRST MIDDLE Melvin Time A RACE LUNITU LACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? B. N. W. W. W. C. W. S. A. W.		and the same of th		TAFF SICIAN []	11/8	CNE /	1
	4	DR. EARL M.	BEARDSL	EY	Route 50 a	t Civic Aven	iue, Salisł	oury, N	laryl	and

TO FUNERAL DIRECTOR: After this certificate has been should be detached far use as the with the State Dept. af Health and BP.

IMPORTANT: If them 21 is marked ar them 18 shaws

DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIF Burial 12/10/1985

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY St. John's Cemetery

Powellville, Wicomico, Maryland

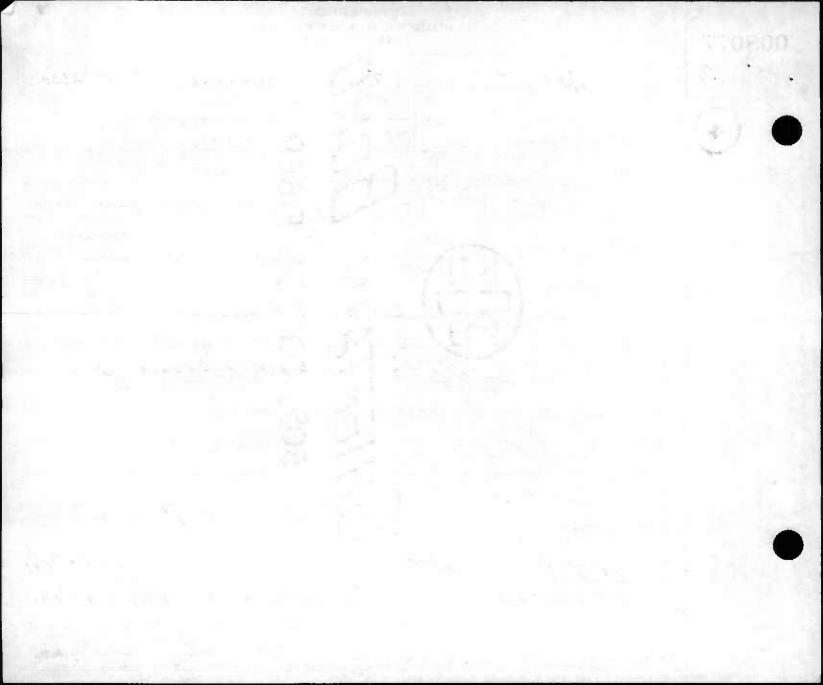
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Holloway Funeral Home, P.A., Salisbury, Maryland

September Here of House otherwise morning buttered VALUE AND A TAKE

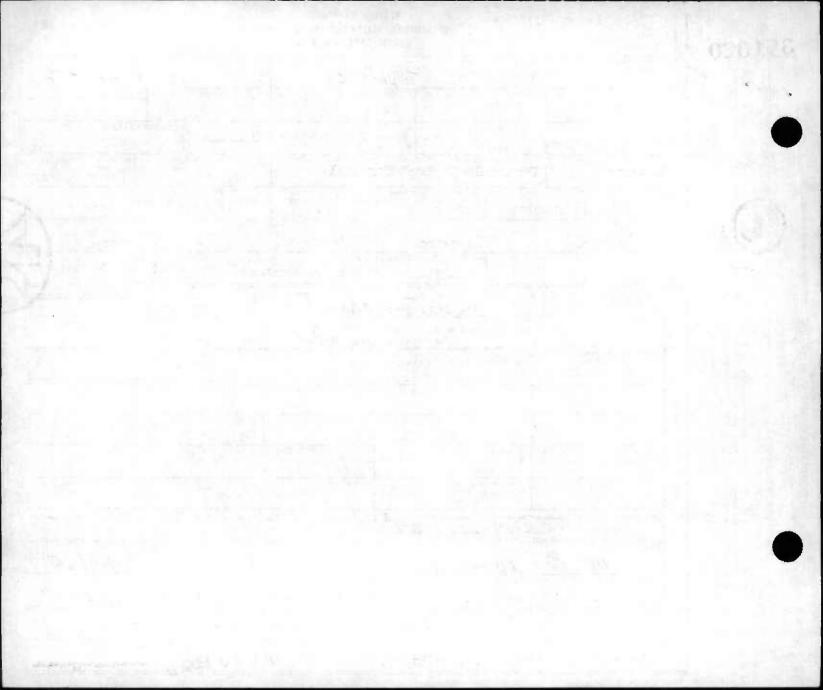
							UF MAK		1. 857 177	49	10 y	3 5
7	1 -	FOR STATE REGISTRAR			DEPART		EALTH AN	D MENTAL HY F DEATH	GIENE 🖔 👙	REG. NO.	2	13 4
'n		CEASED NAME	FIRST		MIDDLE	T	AST		20 DATE OF D	ATH MONTH	DAY YEAR	26 HOUR
2	TITPE	OR PRINT)	Mary	4	₹.	+	immo		Decem	ber 26.	1985	2330
1	3. SE	X		RACE		5. DATE C			6 AGE (INYEAR	S (AST BIRTHDAY)	MONTHS DAYS	R IF UNDER 24 H
1		Female		Whit	е	07	31	1896 ^R	89	YRS		S HOURS M
X	7a. B	RTHPLACE (STATE OR	OREIGN 76	CITIZEN OF	WHAT COUNTRY	? B	□ NEVE	R MARRIED	9 BALTIMORE	CITY OR COUN		
20	Pr	incess Anne	e, Mary	land	U.S.A.	WIDOWE		DIVORCED [Wicomi	.co		
1/1	10. C	TY OR TOWN OF DEA	ATH 11		HOSPITAL, NURSI		R OTHER I	NSTITUTION	12a USUAL OC		126 KIND GUFE) INDUSTR	OF BUSINESS
0		Lisbury	I	Peninsu	ıla Gener	al Hos	spital		House	wife	7 (II C) 1 (D) (S) (K	`
W	USU.	AL RESIDENCE (IF NURS	ING HOME OF OT	HER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDI	E CITY LIMITS?	13e.STREET AD	DRESS / ZIP CC	DDE	
2		Maryland	Wic	omico	Salisb	ury	YES 🗌	NO 🗌	13e.STREET AD	ashingto	n Street	2180
71	14 FA	ATHER'S NAME	MIC	DDLE	ŁAST		15 MOTHE	R'S MAIDEN N.		AIDDLE		AST
4		James			Marti			Mary				nown"
		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC		17 INFOR	MANT Cath	nerine T.	McCain	(Daughte	er)
		No			215-20-	258/						
1		18 CAUSE OF DEAT	H (Enter only	one couse per	line to 01, 161, 0	nd Ici.		. (1 0		BETWEET	DXIMATE INTERVA N ONSET AND DE
		PART I. DEATH W	IMMEDIATE	CAUSE (o)	(at	1d1	G 90	in V	rock		A-e	Ry
		-		DUE TO, O	R AS A CONSEQU	JENCE OF	-		00	1 6	2 1	/
,		Conditions, if any,		(b)	Cla	16	IR	yoea	real	expende	5 /4	en
		gove rise to immo	ig the	DUE TO, O	R AS A CONSEQU	JENCEOF	1	1	- 0	0 - 11	21	
		underlying couse	lost	(c)	al	ton	3	10 c	es Con	Sed Vasi	4 4	
G	NO	PART 2 OTHER SIGN	NIFICANT CO	nditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELAT	TED TO THE TER	MINAL DISEASE C	RCONDITION	GIVEN PART 1	10
	CERTIFICATION	19a DATE OF OPERA	TION	19b COND	ITION FOR WHICH	H OPERATIO	WAS PER	FORMED	200 AUTOPS	Y 2 20b. IF '	YES, WERE FIND	INGS USED
1	TE								YES 🗍 N	IN CER	RTIFYING CAUSE YES []	ES OF DEATH?
1	GER	210. ACCIDENT WAS UNI		216. TIME C		NAV VEAR	21c. HOW	INJURY OCCU	RRED (ENTER NATUR	E OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
7	AL	OR CONTRIBUTING		HOUR A.	M. MONTH E	19						
1	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		21f LOCA	TION	(ITY OR TOWN	COUNTY	STA1
	Σ	WHILE NOT WE	HILE CO	[AT HOME STI	REET, FACTORY OFFICE	FARM EIC)	1			/		
		220.1 certify that (1)	(this hospital) attended th	e deceosed from		12/2	6 1985		12/0	1800	, that (I) (we)
(_	sow the decease		and the best	19_	or	d that in (n	ny) (our) opinioi	death occurred o	in the date and h	nour and from th	ie couses state
		226. SIGNATURE	ala) (vala not)	lew the body	offer deoff,	1	DEGREE				22c. DAT	TE SIGNED
			bh	7	10	Lene	-	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN []	1/2	/27
1		22d. PHYSICIAN'S N	ME (TYPE OR P	RINT)			22e ADDI		Z DINZETON (21857) .
1		Joh	N GR	EEN			Ou.	incv A	UENUE	SALICRI	vov M	DOVA
1	23a	BURIAL, CREMATION,		236 DATE	23c	NAME OF C	EMETERY C	OR CREMATORY	23d LOCATH	ON	-	achini
		(SPECIFY) Burio			0/1985			emorial	CITY OR	bury Wi	COUNTY	Maryla
	24 F	UNERAL DIRECTOR		/ 3	0, 1, 00	1710011	100 111	25a. D.A	TE REC'D. BY REC	ISTRAR 256. REG	HSTRAR'S SIGNA	ATURE
7/84	1	olloway Fu	neral H	lome F	ADDRESS	shurv	Maryl	and	IAN 6	1900 A 120	ia viewidoor	- Hande
		OLLOWUY I O	I ICI UI	onie, i	arter oulls	DOULY,	AIGT AT	unu				

24 FUNERAL DIRECTOR
Holloway Funeral Home, P.A., Salisbury, Maryland



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0	1. DE	STATE REGISTRAR CEASED NAME	FIRST	WIDDIE	CERTI	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO). MONTH DAY YEAR	2b HOUR
4	(TYPE	OR PRINT)	Claude	Riley	TOWN	nsend		2 9 85	- 4-48
	3 SE)	Male	4. RA	White		OF BIRTH (H 08 DAY 906 YEAR	6 AGE (IN YEARS LAST BIRTI	YRS DAY	
35	Sn	RTHPLACE (STATE OR COUNTRY) Hill, MC	aryland	U.S.A.	MARRIE		BALTIMORE CITY OF WICOMICO	COUNTY OF DEATH	
80	Sa	lisbury	Pé	eminsula "G	eneral H	-	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FOREMAN)		of BUSINESS ts Facto
36	³ M	aryland	136 COUNTY Wicomi	co Parso	DR TOWN nsburg	YES NO NO	13e.STREET ADDRESS / Box 1	ZIP CODE 2	1849
32	2	Leona		Town		Jennie	WIDDIE	Carter	LAST
1		VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED	OR DATES!	10-6360	Box 10, Pars	onssity, Mar	\$1015d ^T 24784	and (Wif
motic ever				DUE TO, OR AS A COL		Astrustere	line line	ine	
to burio), cremation, or rema injury, or other traumatic ever	NO	Canditions, if any gave rise to im- cause (a), statin underlying cause PART 2 OTHER SIGI	, which mediate and the lost.	DUE TO, OR AS A COL	MYGWY NSEQUENCE OF	distribute ,	lung line		Tra
iene prior to burioi, cremation, or rema	TIFICATION	gave rise to important cause (a), statist underlying cause	, which mediate ag the lost.	DUE TO, OR AS A COL	NSEQUENCE OF	T NOT RELATED TO THE TERM	0		DINGS USED
into Hygiene prior to burlo), cremotion, or remore 18 them use injury, or other troumotic even	CAL CERTIFICATION	gave rise ta imicause (a), statir underlying cause PART 2 OTHER SIGI 19a DATE OF OPERA 21a, ACCIDENT WAS UNIOR CONTRIBUTING	, which mediate ag the lost. NIFICANT CONE	DUE TO, OR AS A COL (b)	NSEQUENCE OF	T NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR	INAL DISEASE OR COND 200 AUTOPSY? YES \[NO \[]	20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED ES OF DEATH? NO
h ond Mentol Hygiene prior to burol, cremotion, or remotive ver industrial than 18 them the injury, or other troumotic even	MEDICAL CERTIFICATION	gave rise ta imicause (a), statir underlying cause PART 2 OTHER SIGI 19a DATE OF OPERA 21a. ACCIDENT WAS UN.	, which mediate ag the lost. NIFICANT COND TION DERLYING CAUSE OF DEATH (CALEXAMINER) RED	DUE TO, OR AS A COL (b)	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION TH DAY YEAR 19	T NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR	INAL DISEASE OR COND 200 AUTOPSY? YES \[NO \[]	200. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO []
of Health and Mentol Hygiene prior to buriol, cremation, or remain 21 is morked or them 18 them unit injury, or ather traumotic even		gave rise ta im cause (a), statir underlying cause PART 2 OTHER SIGI 19a DATE OF OPERA 21a, ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR WHILE NOTIFY MEDI 21d INJURY OCCUR WHILE NOTIFY MEDI 21d Say the dereas	, which mediate ag the last. NIFICANT CONE TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (thic hospital) of educing an educing a	DUE TO, OR AS A COL 16) DUE TO, OR AS A COL 16) DITIONS CONTRIBUTE 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY DITENDED THE deceased	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.)	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR!	INAL DISEASE OR COND 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR! CITY OR TOW	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES VIN ITEM 18 PART I OR PART 2 VIN COUNTY	DINGS USED ES OF DEATH? NO STATE
s State Dept. or Health and Mental Hygiene proof to burto, cremation, or remainer ANT: If them 21 is marked or them 18 themselvingury, or other traumatic even		gave rise ta im cause (a), statir underlying cause PART 2 OTHER SIGI 19a DATE OF OPERA 21a, ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR WHILE NOTIFY MEDI 21d INJURY OCCUR WHILE NOTIFY MEDI 21d Say the dereas	which mediate ag the selection of the se	DUE TO, OR AS A COL (b) DUE TO, OR AS A COL (c) DITIONS CONTRIBUTION 19b CONDITION FOR HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.)	TNOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR! 211 LOCATION SIREE! 19 \$5 and that in (my) (our) apinion DEGREE ATTENDING	INAL DISEASE OR COND 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR! CITY OR TOW	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES VIN ITEM 18. PART I OR PART 2 VIN COUNTY 19 20c. DA F	DINGS USED ES OF DEATH? NO STATE
with the State Dept. of Health and Mental Hygiene prior to burto), cremation, or remaint IMPORTANT: If them 21 is marked or them 18 thems injury, or other traumatic even	MEDICAL	gave rise to improve to cause (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR WHATE NOT WIND AL WO 22a.1 certify that (I) saw the decease above, (I) (I) (I) 22b. SIGNATURE	, which mediate ag the selection of the	DUE TO, OR AS A COL 16) DUE TO, OR AS A COL 16) DITIONS CONTRIBUTE 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY DITENDED THE deceased	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.) If from 19 3.	TNOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR! 211 LOCATION STREET 19 \$5 and that in (my) (our) apinion of the company o	INAL DISEASE OR COND 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOW death accurred on the da MEDICAL STAFI	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES VIN ITEM 18 PART I OR PART 2 VIN COUNTY 19 8 3 te and hour and fram 11 22c. DA FAN	DINGS USED ES OF DEATH? NO



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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·		REGISTRAR CERTIFICATE OF DEATH REG. NO. 120 DATE OF DEATH MODILE DAY YEAR 124 HOLL									
1		EASED NAME FIRST	A AI A	MIDDLE			20 DATE OF DEATH		YEAR	26 HOUR	
ŀ	SEX		14 RACE	layo -	5. DATE C	INSEND	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	16	
ľ	be,	MALE	CAL	c	MONTH		65		NIHS DAYS	HOURS	
7		THPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O		FDEATH		
Ł		artford City, Ir	idiana (J.S.A.	WIDOWE		Wicomico)			
1		YORTOWN OF DEATH lisbury, MD	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET A SULA Gen	ADDRESS]	Hospital	17a USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF THE CONTROL OF THE CONTRO	F WORKING LIFE)	125 KIND OF INDUSTRY	BUSINE	
ħ	JSUA Ja. 5	(IF NURSING HOME	OR OTHER INSTITUTION		ADMISSION)		13e STREET ADDRESS	ZIP CODE	2	2180	
1		Adam	Carl	Townse	end	Nellie	ME MIDDLE Bly		Castei	rline	
T		AS DECEASED EVER IN U.S. A		315-01	RITY NO.	Same as #13e	ara A. Tabbre	isend (Wife)		
ħ		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause pe	r line for 193 (b), one	lici+	<i>-</i> ·			APPROXIM BETWEEN OF	ATE INTERV	
ı			SED BY: ATE CAUSE (a)	Kusp	water	4 Farly			MU	US	
l		Conditions, if any, which	DUE TO, C	OR AS PEONSEOUE		Consective H	Last Failur	u	Mul	tun	
1		gove rise to immediate cause (a), stating the underlying couse last	DUE TO, C	DR AS A CONSTRUE	0	a Cordin	morathy		XK5	7.5	
,	ICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM N WAS PERFORMED	100 AUTOPSY?		VERE FINDING		
4	CERTIF		CO ON TIME	35 A LUIDY		Tal How himsey occurs	YES NO	YES [NO [
1	201	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH HOUR A	DF INJURY M. MONTH DA '.M.	Y YEAR	21c HOW INJURY OCCURE	CED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)		
	MEDICAL	216. INJURY OCCURRED ILE NOT WHILE AT WORK		OF INJURY FREET, FACTORY OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	ST	
		22a. I certify that (1) (this has	1//2			23 19 81		. 19.	8(not O (w	
		sow the deceased alive abave. (Diwe) (did) (did	nat) view the bad	y after death.		nd that in 🚳) (aur) opinion o	death accurred on the de	ote and hour ar	_		
		276 SIGNATURE Sural	am.	um	N	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE S	IGNED 1481	
1	4	226 PHYSICIAN'S NAME (TYP	OR PRINT)	111000		22e ADDRESS LUCU	STARU	INCY	STA	EC	
1	30 R	JRIAL, CREMATION, REMOVA	AL 23b. DATE	WOO!	IAME OF C	EMETERY OR CREMATORY	My location	21	801		
1		Burial				ellows Cemeter	CITY OF TOWN	City, Bi	lackfore	d. In	
12		NERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTRAR				
		Holloway Funer	al Home	P.A. Sal	isbury	Maryland D	EC 9 1085	wheel at	wy door	Hors	

African Commission products and the contract of the contract o

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	1 -	STATE REGISTRAR	DELF	CERTIFIC	ATE OF DEATH	REG. NO).		
		ORPRINT) WILLIAM	Joseph	tou	unsend	2ª DATE OF DEATH	11-198	PS 18	OUR 3:26
0	3 SEX	MALE	white	5. DATE OF	12 1988		YRS.	DATS HOUR	DER 24 HRS.
6	N	STATE OR FOREIGN	U.S.A	MARRIED WIDOWED		9 BALTIMORE CITY OF	MILO	тн	WD
4	S	ALISOURY	THE SHEACHT GIVES	PET ADERESS)	OTHER INSTITUTION	120 USUAL OCCUPATION OF WARE OF WORK FOL MOST OF		CIND OF BUS	INESS OR
b	M	APY/ANO WIL	COMIO PINCE	55 HINNE		13 PTREET ADDRESS /	ZIP CODE 8	21	853
4	1	Joseph Ro	wten town	send	Hers le	ANN	N	Urri	34
		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS VE WAR OR DATES) 213-24	4439	MAry Belle	townsend		sec 1:	39.
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (0), (b ED BY: TE CAUSE (0)	ond co Pulm	ionary 1	ARREST	BE	APPROXIMATE IN TWEEN ONSET A	ITERVAL IND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	BLE MY	UYARDIAL IN	FARLTINN UR	MRHYTHA	^	
	NOI	PART 2 OTHER SIGNIFICANT	MERCL VALVE	DISEAS E		HYPERCHULES			
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	WAS PERFORMED	20a AUTOPSY? YES NO NO	20b. IF YES, WERE IN CERTIFYING C. YES	AUSES OF DE	
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	IN ITEM 18 PART I ORP	ART 2)	17
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET FACTORY, OF		211 LOCATION STREET	CITY OR TOW	VN COU	MIA	STATE
		220.1 certify that (1) (this hasp sow the deceased alive on above, (1) (we) (did) (and no	12/2	C	that in (my) (our) opinion	deoth occurred on the do	te and hour and fro		l) (we) lost s stoted
,		22b. SIGNATURE & CUL-	m mo			MEDICAL STAF	F	12/12	2)85
		22d. PHYSICIAN'S NAME (TYPE)	OR PRINT)		22e ADDRESS	0 0 1 5		1	- 01

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

DHMH - 16 60M 7/B4

MPORTANT: If Hem 21 is

23b. DATE

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIES CEPTIFICATE OF DEATH

NEJ	~	· ·	-	2
	REG. N	١٥.		
o. DAT	E OF DEATH	MONTH	DAY	YEAR

1 5	FOR STATE REGISTRAR			DEPARTA		ALTH AND MENTAL HYG CATE OF DEATH	REG	, NO.) /	, ,
	ECEASED NAME PE OR PRINT)	DA PA	BUNT	ING	TURN	ER	DECE	MBER	2 1985	1435
3 SI	Female		Caucas	sian	Aug.	26, DAY 1905 AR	6. AGE (IN YEARS LAS	YRS.	MONTHS DAYS	HOURS MIN.
2	BIRTHPLACE (STATEOR		U.S.A	and the second second	WIDOWED		9 BALTIMORE CIT Wicomi	_	OFDEATH	MD
	alisbury	ATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS]	other institution l Hospital	120 USUAL OCCUP (TYPE OF WORK FOR MC Housewi		126 KIND O INDUSTRY Home	F BUSINESS OR emaking
USI M	JAL RESIDENCE (IF NURS STATE aryland	13b COUN WICO		Salisbu		3d INSIDE CITY LIMITS? YES NO [130 STEET ADDRE	ss / ZIP CODE ddIenec	k Dr.	1801
14. F	charle	es Bun	ting	LAST		5. MOTHER'S MAIDEN NAM	uillen Bu	-	LAS	
160	WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU 222-22-		Ernestine B		Salisb	oury, Mo	١.
	Conditions if now	which	DUE TO, O	R AS A CONSEQUE		FFUSION				
CATION	Conditions, if any, gove rise to improve (a), stating underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA	mediote ng the e lost.	DUE TO, O	PR AS A CONSEQUE	PNEW DEATH BUT N ENOPH	ot related to the term	INAL DISEASE OR C	20b IF YES	S, WERE FINDIN	IGS USED
NEDICAL CERTIFICATION	gove rise to improve to couse (a), stating underlying couse PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d IN JURY OCCURI	mediate mediate the second sec	DUE TO, O (c) ONDTHIONS CO 196 COND 216. TIME CO HOUR A. 216. PLACE	ONTRIBUTING TO E LYMPHAD ONTRIBUTING TO E	PNEW DEATH BUT N CNOPERATION AY YEAR 19	MONIA OT RELATED TO THE TERM THY-Eticlogy	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDING CAUSES	IGS USED
MEDICAL CERTIFICATION	gove rise to immerouse (a), stating underlying couse PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MED) 21d BN JURY OCCUR! WHILE NOT WHAT WOOR (I) Sow the decease above (I) (we) (i)	mediate mediate in the second of the second	DUE TO, O (c) DUE TO, O (c) 19b COND 19b COND 19b COND 19b COND 21b TIME C HOUR A) P. 21e PLACE (AT HOME, STI	ONTRIBUTING TO E CHAPTER AS A CONSEQUE ONTRIBUTING TO E CHAPTER AS A CONSEQUE ONTRIBUTING TO E ON	DEATH BUT N POPERATION AY YEAR 19 ARM, ETC)	OT RELATED TO THE TERM OT THE TERM OT THE TERM OT T	200 AUTOPSY? YES NO CITY O	206 IF YES IN CERTIF YE INJURY IN ITEM 18 P	S, WERE FINDING CAUSES S ART I OR PART 2) COUNTY	IGS USED OF DEATH? NO STATE
	gove rise to immodule couse (a), stoting underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDIT) 21d INJURY OCCURING (IF EITHER, NOTIFY MEDIT) WHILE ALL WORK ALL WOLLD (IF EITHER, NOTIFY MEDIT) 22a I certify the (IF)	mediate mediate in the serious of this hospital (did no bid) (did no	DUE TO, O (c) DUE TO, O (c) 19b COND 19b COND 21b TIME C HOUR A. P. 21e PLACE (AI HOME ST tol) oftended th	ONTRIBUTING TO E CHAPTER AS A CONSEQUE ONTRIBUTING TO E CHAPTER AS A CONSEQUE ONTRIBUTING TO E ON	DEATH BUT N POPERATION AY YEAR 19 ARM, ETC)	OT RELATED TO THE TERM WAS PERFORMED 211. HOW INJURY OCCURR 211. LOCATION STREET Tho(in (my) (our) opinion of the term o	200 AUTOPSY? YES NO NOTED (ENTER NATURE OF CITY OF CI	206 IF YES 206 IF YES IN CERTIF YE INJURY IN ITEM 18 P DR TOWN STAFF TSICIAN	S, WERE FINDING CAUSES S DART 1 OR PART 2) COUNTY 19 17 ord from the	STATE shot (I) (we) loss couses stated

STATE OF MARYLAND

	FOR STATE REGISTRAR	STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
1	DECEASED NAME 114PE OR PRINT) VIRGI	L L. VANDERI	POOL	LA	.51	12.23 -	1985 YEAR	26. HOUR	
	3. SEX Male	4 RACE White		MIO	-05-16 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)			
4	70. BIRTHPLACE (STATE OR FO COUNTRY) Kansas	L	J.S.A. _w	IDOWE	NEVER MARRIED U	9 BALTIMORE CITY OR COUNTY OF DEATH Wicomico County			
1	Salisbury	Deer's	Head Cente	ESS)	Salisbury, MD	120 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING • Service Statio	LIFE) INDUSTRY	of Business	
200	USUAL RESIDENCE (IF NURSIN 130. STATE Maryland		GIVE RESIDENCE BEFORE ADM 130. CITY OR TOWN Salisbury		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CO 504D Chelsea C		21801	
1	14. FATHER'S NAME Virgil	Vande	erpool		Ollie	Marie		Price	
	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) Y CS	U.S. ARMED FORCES?	514-10-02		Same as #13	l L. Vanderpool Be	(Wife)		
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Equiplement Cauff Chung Internal Cauff Chung Internal Cause (a), or as a consequence of to the Bours. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								
1	PART 2 OTHER SIGNI	FICANT CONDITIONS CO	INTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERMI	nal disease or condition o	VEN IN PART 1	la	

210. ACCIDENT WAS UNDERLYING 21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

P.M.

21e. PLACE OF INJURY

MONTH DAY

AT HOME STREET, FACTORY OFFICE, FARM ETC 1

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

20a AUTOPSY?

NO

CITY OR TOWN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on_ abave, (1) (we) (did) (did not) view the body after death

DEGREE ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated

22c. DATE SIGNED

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

ELSA JORIS

211. LOCATION STREET

Deer's Head Center, Salisbury, MD. 21801

23a. BURIAL, CREMATION, REMOVAL Burial

190 DATE OF OPERATION

23c. NAME OF CEMETERY OR CREMATORY 12/27/1985 Eglington Cemetery

Clarksboro

New Jersey

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL

should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene.

MPORTANT: If hem 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Sallisbury, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

terder dead May 1, 2000 - 1 130 and the second of the second o

0	05	10)1	4
	th roge 4 may be	poge 3	4

FOR STATE REGISTRAR DEP A

STATE OF MARYLAND		~ /	100	1	4.3	
ARTMENT OF HEALTH AND MENTAL HYGIENE	2	0	3	3	- 1	
CERTIFICATE OF DEATH	REC	G. NO.				

1	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MOR	NTH DAY YEAR 26 HOUR
eoth 3		ORPRINT) TOSE	Oh C	Watson	December	
ifter d	3. SE	n /	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	IF UNDER LYEAR IF UNDER 24 HRS
11 /1/	71	RTHPLACE (STATE OR FOREIGN	75 Q A	02 10 05	9 BALTIMORE CITY OR C	YRS.
16/10		COUNTRY	1150	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	OUNT OF BEATH
31/2/1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
-11/9/_	Sa	lisbury, MD		General Hospital	Waterman	
JIMO	130 5	CHAIRESTDENCE (IF NURSING HOME OF STATE 1/3b. COU	NEW CO 34 INSTITUTION GIVE RESIDENCE	RTOWN 13d INSIDE CITY CIMITS	10/1/01	P CODE ABE
1/2/	NA FA	THER'S NAME	MIDDLE /1/07	15. MOTHER'S MAIDEN	NAME" MIDDLE	LAST
Popul		VAS DECEASED EVER IN U.S. AF		SECURITY NO. 17 INFORMANT	Tologram	Sectional
ohytean peptit noval		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line (or (o), (ED BY.	b), and (c)	rl-	BETWEEN ONSET AND DEATH
by the ottending se remove corbo cremotion, or re other troumotic (Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	V	SEQUENCE OF SEQUENCE OF	Lung Dice	
an pleos buriol, y, or o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 110
t. The or to y injus	ICATION	anto en	mun H	moletic an	ma	
the permit the permit the principle of t	CERTIFICA	1 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPELLION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
ertricote iol-tronsi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2}
this cer the burion and Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR: After use os Heolth G		22a 1 certify that (I) (this hasp	11/1/1/	/ //	10/2/9/0	, 19, that (It (we) lost and hour and from the causes stated
DIRECTO			ot) view the body offer death.	DEGREE ATTENDING		22c DATE SIGNED
VERAL be det Stote		274 PHYSICIAN'S NAME (HH)	SHOWING THE PARTY OF THE PARTY	PHYSICIAN 22e ADDRESS		1 Lange
should b	71a 1	UNITED PROPERTY	he//M/	234 NAME OF CEMETERY OR CREMATOR	8 FOUTTAIN	nd Ma 21826
P	1	Buigh	12/17/85	Bun ameter	or Town	COUNTY OF STATE
H - 16 60M 7/84 (VRA 15, 4)	14.50	PERAL DIRECTOR	Destie A	April Sulistino	EC 31 1985	REGISTRAR'S SIGNATURE

Redonave mother There & Et of which have businesses. siste summer them better do conde - Com tole later of the pur ting

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

5	5	2	4	5
ů	-3	a ^b	1	ide

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.			
j	E DECEASED NAME FIRST	MIDI	DLE	l.	AST	20. DATE OF DEATH MONTH	DAY YEAR	?b HOUR	
1	(TYPE OR PRINT) Howard	rd William			Talest	December 11	1985	0345	
1	3. SEX	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS		
J	Male	White		Jan.	9, 1902 YEAR	83 YR		HOURS MIN	
1	70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8		9 BALTIMORE CITY OR COU			
A	Maryland	U. S. A.		WIDOWE	DEVER MARRIED	Wicomico		J.M.	
d	10 CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR	
4	Salisbury	Peninsul	ACILITY, GIVE STREET A		enital	Truck Driver		ric Co.	
d	USUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIV	E RESIDENCE BEFORE	ADMISSION)		4		110 00.	
4	Maryland Wice	omico	Salisbut		YESX NO T	13e.STREET ADDRESS / ZIP CO		801	
=4	14 FATHER'S NAME	JIII LEO	Jairsbu	Ly	15 MOTHER'S MAIDEN NA	J	VIII. 21	001	
1	Durant West	MIDDLE	LAST		Gertrude H	WIDDLE	LAST		
4	160 WAS DECEASED EVER IN U.S. A	PARED ECORCES 2 14	b SOCIAL SECUI	DITY NO	17 INFORMANT	ADDRESS			
1		ional 2	o social secol	K111 140.	V.				
	res Guai	d''' 2	14-12-6	262	Louise W. W	est (Same as	as above)		
4	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per lin ED BY	e for (a), (b) ind	dict		2-1-	BETWEEN	CIMATE INTERVAL	
1		ATE CAUSE (a)	ucine,	my	occupial in	anclin			
1		DUE TO, OR A	S A CONSEQUE	NCE OF)	-		
1	Canditians, if ony, which	(b)			Use at the base				
1	gove rise to immediate cause (a), stating the	DUE TO OR A	s a conseque	NCEOE			_		
1	underlying cause last	(6)	S A CONSEQUE	INCE OF			1000		
1	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1	a	
		-	AT Dil	11110	· Chronic o	Malactain M	Mmay	~	
	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING		ON FOR WHICH	OPERATIO			YES, WERE FIND	GS USED	
			U			YES TO NOT	RTIFYING CAUSE	OF DEATH?	
Ph.	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)		
9	0.000.000.000.000.000	EAIH	MONTH DA	YEAR	William Co.				
П	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e PLACE OF	INJURY	14	21f. LOCATION				
		(AT HOME STREET	FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE	
-	AT WORK AT WORK	2.1 4.1.1		12	14- 85	12/11	76		
1	sow the deceased alive a	1011	leceased from	5	ad that in (my) law pointing	death accurred on the date and		that (It (
1	abave, (I) (was date (did r	at view the bady af	ter deoth.			death accurred on the date and			
1	276 SIGNATURE	(20.	ATTENDING	MEDICAL STAFF		SIGNED	
	1.00	Much		In.	PHYSICIAN [DIRECTOR PHYSICIAN	2	11195	
	214 PHYSICIAN'S NAME TYPE	OR MINE)			22e ADDRESS	C 01.		1 -10	
	13. WE	NRICH			100 LOMES	ST. SAUSI	suky h	a 4180	
1	23a 8URIAL, CREMATION, REMOVA	L 23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

should be detoched for use with the State Dept. of Heal TO FUNERAL DIRECTOR:

MPORTANT

r use as the buriol-transit permit. Then please remave cark Heolth and Mental Hygiene prior to burial, cremation, ar

morked or Item 18 shows ony

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

12-13-1985 Perryhawken Cemetery

Princess Anne Somerset Md.

Delmar, De. 19940 Marvel-Short Funeral Home

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DEC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24.3	919	1	- 4	37
0	3	1	-64	3
REG	. NO.			- 75

46081	L	REGISTRAR		WED	DICAL EXAMIN	VER'S CE	ERTIFICATE O	FDEATH	REG. NO.		
W - 400 8	Uni	CEASED NAM		ov S	amp	UECT	Jr.	10	KNOWN X MONTH		. HOI
PY, PLEAS DIRECTOR DUR FILES 72 HOURE NN STREET	1 5E	ale	LERO 4. RACE White	5. DATE OF BIRTH	VEAR LAST BIRTHE		ER 1 YR. IF UNDER		MONTH		d но
NECESSA UNERAL S FOR YO WITHIN	S		Maryland		AT COUNTRY?	8. MARRIEI WIDOWE		ED Wice	omico Count	TY OF DEATH	٨
NAME AND ASSESSED OF THE PARTY	Sa	lisbury	F 194	Peninsul	PITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) a General E RESIDENCE BEFORE ADMISS	Hospi		FOR MOST OF WOR	PATION (TYPE OF WORK EXING LIFE)	OR INDUSTRY	4ESS
Section 2	ide. S	Marylar	136 COUN		Salisbury	1	3d INSIDE CITY LIMITS? YES NO S		sific Avenu	e 218	01
SEST AND STATE	1	LeRoy	Sam		West, Sr.		Mattie	M	MODLE	Blades	
S AFTER GIVE PA TH FOR PAGES 1 VISSON		VAS DECEASEI ES, NO, OR UNKNO NO	DEVER IN U.S. AR/	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT	TY NO.	7. INFORMANT N Same as		B. West (V	Vife)	
HOUR NG WI BMIT. BNE, DI	1	18 CAUSE O PART I DE		y ane cause per line (far(a),(b),and(c).) tiple inju	ıries				APPROXIMATE INT	ERVAL ID DEA
MER ALOR NER ALOR NANST RE TAL HYGIE			is, if any, which		AS A CONSEQUENCE						
UTED W IN PER EXAMI	1	lying cau	stating the <u>under-</u> se last.	DUE TO, OR A	AS A CONSEQUENCE	OF					
BE EXECUTED IN THE STATE OF THE	NOI	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER/	MINAL DISEASE (DR CONDITION GIVEN IN PAI	RT 1 to			
SHOULD SH	CERTIFICATION	19a. DATE OF			ION FOR WHICH OPE					20 AUTOPSY? YES X	NO [
THE CATE WG THE WARTINGS TO THE WARTINGS TO SHOULD SHOULD SHOW TO SHOW TO SHOW TO SHOW TO SHOW TO SHOW THE SHOW TO SHOW THE SHOW	MEDICAL CE	UNDERLYING	G CAUSE OF				windury occurre er of a tr exploded	uck which	n struck a	fixed obj	jec
THIS CER WARDED PAGE 3: TATE DE 21201 PS	MEC	WHILE AT WORK	NOT WHILE &	STREET FACTO	ORY, FARM, ETC.)	Rt.3	46,E. Of E	Brant Ty°Di	r Parson6	urg, Mary	l äh
MINER: THICATE BE FOR THITHES	2	22a. I certi			ribed abave, held an Accident X, Si	Autapsy vicide ,	Hamicide	Undetermined mo	and in my a	pinion	
CAL EX. THE CER SHOULD RAL DIR ATH, WI RE, MAR	1	ACTUAL SIGNATURE	5	Dh	/	M.D	Assistant	MEDICAL EXAM	DATE AINER SIGN	12-8-85	
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	72- 0	EXAMINER'S (TYPE OR PRII	uovi sevi ovivila	<u> </u>	auffman, M	A	DDRESS	Penri Stree	et		
BP	1	Burio	al	12/12/198.	5 Springhil	l Mem	ory Garden	s Salisbur	y, Wicomic		d
DHMH - 17 (VR A15 ME (5))				Home, P.A.	. Salisbury,	Maryle	and DEC	1 0 1985	R 25b REGISTRAR'S	Mandage	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 351130 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWNXX 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Jordon 10.55 White 19 85 4. RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 2c. DATE MONTH DAY YEAR LAST BIRTHDAY 4:15 PRONOUNCED SUR 0 1985 DEAD p. BIRTHPLACE 76. CITIZEN OF WHAT BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED Wicomico County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION KIND OF BUSINESS Salisbury Peninsula General Hospital ISUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITU Wico. 13e. STATE 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? AFTER I PAGES DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DONNA ZAWOrski CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ALONG W BETWEEN ONSET AND DEATH MENTAL HYGIENE, N. OR REMOVAL. PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT EXAMINER Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DE USED AS A BURIAL-ENT OF HEALTH AND MEN D BURIAL, CREMATION, C lying couse last. DIVISION OF VITAL RECORDS. MEDICAL PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HE 31 PRIOR-TO BURIAL, (190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CHIEF YES XX NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING TING I MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED III LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 INTH THE STATE DEPORTED BALTIMORE, MARYLAND, 21201 PR AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY Autopsy XX 228 I certify that I took charge of the remains described above, held an Inspection and in my apinion death resulted you Natural causes Hamicide Undetermined manner LITLE (SPECIFY) ACTUAL 12-10-85 D Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 236. LOCATION 0 BP 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

361078

APORTANT: If Hem 21 is morked or

DHMH - 16 60M 7/84 (VRA 15, 4)

1.	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH		3	5	1 4	ä
	OR PRINT	FIRST	٨	AIDDLE		AST	20 DATE OF DEA	TH MONTH	DAY	YEAR 2	HOUR
		Edward	(J.	WIL	KINSST.	DEC	EMBER	13,1	985	2347 M
SE)	male		4. RACE white		5. DATE C		6. AGE (IN YEARS I	AST BIRTHDAY)	MONTH		OURS MIN
	RTHPLACE (STATE) OUNTRY) ryland	OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE		9 BALTIMORE C	_	NTY OF D	EATH	MD.
	TY OR TOWN OF D		(IF NOT IN SUC	OSPITAL, NURSIN HEACILITY, GIVE STREET A SULA GET	ADDRESS)	Hospital	12a USUAL OCC (TYPE OF WORK FOR Salesman	MOST OF WORKIN		KIND OF EDUSIRY	susiness or alers
JSU/ 13a. S	RESIDENCE (IF NI TATE aryland		OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Willar	ADMISSION)	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	Rt.346,	Box 1	SI D	2/8	374
4_FA	THER'S NAME FIRST Elm e		C.	Wilki	ns	15 MOTHER'S MAIDEN NA Maude		DOLE		Ha	1
	VAS DECEASED EV VES DO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 214-10-9		Hazel M. Wil		llards,	MD		
TION	Conditions, if or gove rise to is couse (o), sto underlying cou	my, which mmediate of the state	DUE TO, OF	PAS A CONSEQUE	NCE OF OF DEATH BUT	Add by Add Add Add The Term	4		GIVEN IN	PART 110	E PATEVAL E 1 AND DEATH
CERTIFICATION	19a DATE OF OPER		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY YES NO	IN CEI		E FINDING CAUSES OI	
MEDICAL CER	210. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF DEA	P./	m. month da m.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	DE INJURY IN ITEM	18 PART I O	RPART 2)	
MED	AT WORK	WHILE		EET, FACTORY OFFICE, F	ARM ETC)	211. LOCATION STREET	CIT	ORTOWN	C	OUNTY	STATE
	22a.1 certify that	(I) (this hospit	all offended the	deceased from	1/1/2	19.60	, to	J.E.	. 19	S. C. the	it (II (we) lost

CERTIFICATION MEDICAL 21d 220 sow the deceased alive on solve (l) (we) (did) (did not) view the body after death , and that in (my) (our) opinion death accurred on the date and have and from the causes stated

22c. DATE SIGNED MEDICAL ITENDING

THE PHYSIC IAN'S NAME (TYPE OR PRINT)

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 330 BURIAL, CREMATION, REMOVAL Burial 12-17-85 New Hope Cemetery

23d. LOCATION Willards Wicomico

M

REGISTRAR 756. REGISTRAR'S SIGNATURE TO SEE THE SECOND TO SECOND T

N E 7

161 xos cos 161 7

6		FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIEND 3 S	9 4 6
		EASED NAME FIRST	WIDDLE	LAST	20.01.12.01.02.11.11	DAY YEAR 25 HOUR
		Edit		WILLON	December 5, 198	
3	SEX		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
2	1	Female	White	December 9, 1902	82 _{YRS.}	
25	P	THPLACE (STATE OR FOREIGN DUNTRY) reston, Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Wicomico	OF DEATH MD.
1	Sa	Y OR TOWN OF DEATH lisbury	Deer's Head		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY OWN Home
3	3a. SI	aryland Ford	TOTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TO Federa.	Isburg YES NO (1)	13e STREET ADDRESS / ZIP CODE Rt. 1	21632
90	1	HER'S NAME Rev. Minos Cohe		IS MOTHER'S MAIDEN NA FIRST K. Robinson	MIDDLE	LAST
12		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 212-74		willon, RFD 1, Bo	yland 21613 ox 65, Cambridge
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO		MINIAL DISEASE OF CONDITION OF	(Shi ini DADT 1
hole		PART 2 OTTER SIGNIFICANT	CONDITIONS CONTRIBUTING IN	DOLATE BOT NOT KELATED TO THE TERM	WINAL DISEASE OR CONDITION GIV	EN IN PART TO
9	CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES NO YES YES	S, WERE FINDINGS USED EYING CAUSES OF DEATH?
		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)
orked or	MEDICAL	WHILE OCCURRED NOT WHILE OF AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
1 7 L 18 m		sow the decepted alive or above (1) (we) (did) (did no	ntol) ottended the deceased from	, and that in (my) opinion	death occurred on the date and hou	
2 4		22b. SIGNATURE	a floor		MEDICAL STAFF DIRECTOR PHYSICIAN	12/5/85
1			wang, M.D.		l Center, Salisbu	ry., Md. 21801
2	30 BI	IDIAL CREMATION DEMOVAL	1225 DATE 123	NAME OF CEMETERY OF CREMATORY	23d LOCATION	

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial Dec.

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Zion Cemetery

23d LOCATION
CHYOR TOWN
Federalsburg,

Dorchester

Framptom-Hawkins Funeral Home, 216 N. Main St. 24. FUNERAL DIRECTOR

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006123

			STATE OF MARTLAND	13 1	C 1 1 1
1	FOR	DEPAR	RTMENT OF HEALTH AND MENTAL HY	GIEND 3	3 / 4 /
	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	OR PRINT!	11. 00			0.0.0
	DORO	ina in	WILSON	DECEMBE	
3. SE	X	4. RACE	3. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Fomble	White	ANG 1/04/1897	88	
7. DI	IRTHPLACE , ESTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	11.	9 BALTIMORE CITY OR COU	RS. INTY OF DEATH
/0. DI	COUNTRY)	CHIZENOF WHAT COUNTR	MARRIED NEVER MARRIED		NATI OF BEATT
1	NGLAND	013. M.	WIDOWED DIVORCED	Wicomico	MD.
10 C	ITY OF TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR
Sa	alisbury, MD	Peninsula G	eneral Hospital	HAUSCHIE	P CUINI HOME
_		OTHER INSTITUTION GIVE RESIDENCE BEI		1110000011	2191
	STATE 13b, COUN			13 . STREET ADDRESS / ZIP C	CODED
//	IAPY/AND WI	COMICO SALIS		NX 77 8	100 / 20 /2/18
14. FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	V IASI
	Charles	ALLI	VT ANNIE	SANC	NEASHAW
16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	AC. D.
	YES, NO OF UNKNOWN) (IF YES, GIV	WAR OR DATES)	2017 = 12/21/	ount see	Sac 12
	IVC	177-07	- MILIELYNL	226 1000	
	18. CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b),	and ici.i	. 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	414111	· muretardial	mal arction	
	IMMEDIA	TE CAUSE (a)	- programma	1	
	3	DUE TO, OR AS A CONSEC	DUENCE OF	V	
	Canditions, if any, which	(b)			
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		A CONTRACTOR OF THE
	underlying cause last.		5001100 01		
	DART O OTHER CICALIFICANT	(c)	O DEATH BUT NOT RELATED TO THE TER	ANIMAL DISCASE OR CONDITION	I CIVENTINI DART 110
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BOT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	OWEN IN PART ING
15				Las viitoscys Isa	E VEC. WERE EINDINGS USER
CA	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
THE	Land Land			YES NO	YES NO NO
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M IB PART I ORPART 2)
	OR CONTRIBUTING CAUSE OF DE				
ICA	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	21f LOCATION STREET	CITY OF TOWN	COUNTY STATE
2	MHILE NOT WHILE AT WORK	, , , , , , , , , , , , , , , , , , , ,			
		Hal) attended the deceased from	m 12/14 10 85	10 2 22	
	saw the deceased alive on	2 22	(C)		d hour and from the causes stated
	abave, (I) (we) (did) (did no	t) view the bady after death.		asom occorred an me date and	
	22b. SIGNATUIL	^ \	DEGREE		22c. DATE SIGNED
	Kann	neu (i In) emit	M.D. ATTENDING	MEDICAL STAFF	12 22 83
	22d PHYSICIAN'S NAME (TYPE	OR PRINT	22e ADDRESS		
	DANHEYA	(INENRICH	100 POWE	R ST. SALIS	SBURY Md. 2180
	LONNEL H.	UNITIVEIGH	100 1040		
23a	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	Acquary . shed
	BUCIAL	12/27/1985	MANDELA CEM	WArdela	WIG mo
	PG/ 1/ 1 / 1 / 1	1. 1 1, 1, 1	7 - 7 17 1		
24 F	UNERAL DIRECTOR	1	25a D.	ATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
24 E	LINERAL DIRECTOR LA	SUNDS SADDRE	SAUNUMA DE	ATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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006123 The same of the sa Formers State of the State of t A ALENY LOWERN Tena Cit o all the last the City of the principle meritian alternational a Retain Pay 25 Tille WATER SHALL SHALL THURT THE MENT CHART Maj El Manifeller yn Lwyl Est Det 1811 en is the state of the state with The state of the s

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4023	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	4 8
tor. page 3		CEASED NAME FIRST OR PRINT)	rgie B.	Windson	20 DATE OF DEATH MONTH	30-85 230 Am
p d	3. SE)		RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	Caucasian	Feb. 18, 1895	90 YRS	MOUNTS DATS NOURS MIN.
Goher Po	(RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY USA	7? 8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	BALTIMORE CITY OR COUNT WICOMICO	Y OF DEATH MD.
() Inchified	Sa	lisbury	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Riverwalk Conv	ING HOME OR OTHER INSTITUTION ET ADDRESS) Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	126 KIND OF BUSINESS OR INDUSTRY garment Comp.
9	130. S Ma:	TATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 13. CITY OR TO' Omico Sharpto	WN 134 INSIDE CITY LIMITS?	I3e.STREET ADDRESS / ZIP COD Water St.	21861
- S- C-		George	Gootee	Sallie	Phili	_
medicol		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 221 03			21801 Dr. Salisbury M
bural, cremation or remay rry, or other traumatic event	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU (c) T CONDITIONS CONTRIBUTING TO	uence of uscle notic hear uence of uscle notic hear		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
Security The	CERTIFICATION	Q AYLCLO	11000	H - Stoke > O	200 AUTOPSY? 20b IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES
iol-rions must Hyg em 18 sh	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
sand Me deed or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT VIEW AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
d for use o t, of Health m 21 is ma		obote, (J) (we) (did) (bid	pital attended the deceased from 19_19_100 view the body after death.	ond that (my (our) opinion	to 17 39 death occurred on the date and ho	
State Dep		226 PHY JAN'S NAME (17P)	5 Bulk	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/30/85
hould be de		/)	J. Bulkeley MD	Salisbur	y, Maryland	
		URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	24 FL	burial NERAL DIRECTOR	Jan 2, 1986	Laurel Hill Cemeter		Sex Delaware
- 16 60M 7/84			aroon Box 678 ADAPESS	umol Dol 10056	TE REC'D BY REGISTRAR 256 REGIS	ia Davidson Randallo

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

certificate be executed within 24 hours

FOR STATE

006060

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

3594	7

REGISTRAR		CERTIFICATE OF	PEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST		20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR
Florien	Junior	Wingriter	9	DECEMBE	R 23, 1985 1115 M
3. SEX	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
/ Male	White	03 0AY	4 ^{YEAR} 20	65 YRS.	MONTHS DAYS HOURS MIN.
TE BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8		9 BALTIMORE CITY OR COUNT	TY OF DEATH
Penn.	U.S.A.	MARRIED & NEVER	NORCED T	Wicomico	MD
OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER IN		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Salisbury, MD	Peninsula G		oital	Retired U.S. (Government Emp.
LINGAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)			2 101110
MD.	OT.	City YES	CITY LIMITS?	13e.STREET ADDRESS / ZIP COL	0 1 1 1 1 15
4 FATHER'S NAME		CICY	'S MAIDEN NAM		·ive
Florien	Winerite	An An	na Bell	le Eldridge	LAST
60 WAS DECEASED EVER IN U.S.				ADDRESS	
(YES, NO OR UNKNOWN) I IF YES	GIVE WAR OR DATES! 365-12			Wineriter	
		1 1320	9 Ucean	Dr. Ocean City	
PART I, DEATH WAS CAU	only one couse per line for (a) b), SED BY:	0.	1 but		BETWEEN ONSET AND DEATH
IMMED	IATE CAUSE (0)	ne aubera	1 hyps	oxia	
	DUE TO, OR AS A CONSEC	DUENCE OF	rdeac	marent	
Conditions, if ony, which	((b)	Ca	race	W 11 = 67	
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	HENCE OF MA		1 (Loughour	
underlying cause last.	DOE TO, OR AS A CONSEC	OENCE OF /VC	jocard	ed Infaretran	
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATE	D TO THE TERMI	NAL DISEASE OR CONDITION G	IVEN IN PART I I O
	Imonay porosis				
19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERF	ORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
					IFYING CAUSES OF DEATH?
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW I	NJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	
OR COLUMNIA CALLER OF		DAY YEAR			
LIFEITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRI	P.M. 21e. PLACE OF IN JURY	19 211 LOCAT	ION		
WHILE IN NOT WHILE I	(AT HOME, STREET, FACTORY, OFFICE			CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		1202		13/25	81
	spital) attended the deceased from	80 -			, 19, that (I) (we) lost
sow the deceased alive above, (I) (we) (did) told	nat) view the body after death.	, ond that in (my	/) (our) opinion d	eath occurred on the date and ho	our and from the couses stated
22b. SIGNATURE	1 mural	DEGREE			22c. DATE SIGNED
/	15	CV)	ATTENDING PHYSICIAN	MEDICAL STAFF	12/23/85
22d PHYSICIAN'S NAME (TYP	E OR PRINT)	22e. ADDRE	SS		700700
//	BAL AGARI	NAI	DayN	C . Salisbury.	Maryland 21801
3a. BURIAL, CREMATION, REMOVA		C NAME OF CEMETERY OR		23d LOCATION	maryadia 21001
(SPECIFY) Cremation		Ft. Lincoln	CALMATORI	Brentwood	Marylar
FUNERAL DIRECTOR	12/20/1/05	· · · · · · · · · · · · · · · · · · ·	25a DATE		
NAME	AOORES!		JA	N 0 2 1986	resultation fandalle
Holloway Funera	1 Home P.A. Sali	sbury, Md.			

DHMH - 16 60M 7/84 (VRA 15, 4)

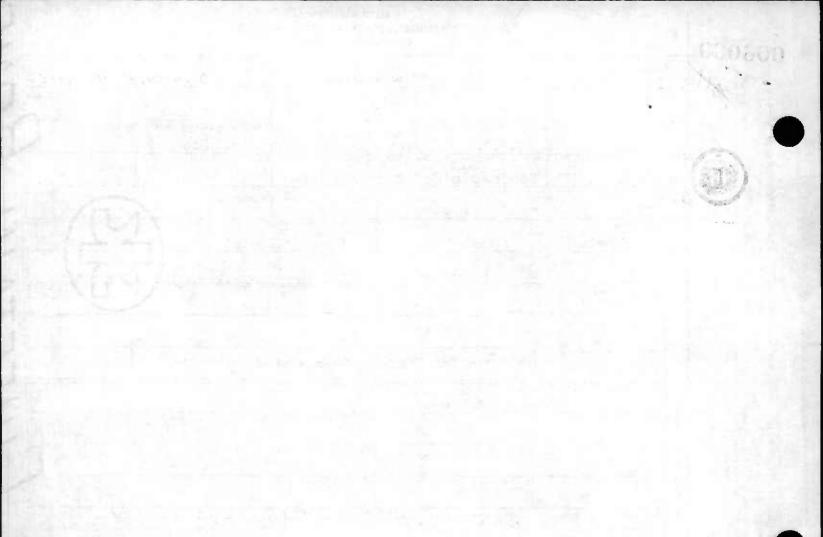
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should be detached for use as the burial-transf permit. Then please remove corbangopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the hospital or attending physician.

injury, or other traumatic event, th

MPORTANT: If them 21 is morked or item 18 shows ony



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SION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	:54	2.5
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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 353211 REGISTRAR REG. NO 2a. DATE OF DEATH DECEASED NAME YEAR 2b. HOUR LITTLE OF PAIN BECEMBER 2:00A M 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) # UNDER 24 HRS. 3. SEX RACE IF UNDER 1 YEAR 41778 NO V 70. BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED Wicomico DIVORCED WIDOWED MD. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Salisbury Peninsula General Hospital 3a STATE 13e.STREET ADDRESS 15. MOTHER'S MAIDEN NAME EATHER'S NAME MIDDLE MIDDLE ADDRESS IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cell Carcinon IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g HCAT 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NO YES [NO [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 MEDIC 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET NOI WHILE Dec. 22a | certify that (1) (this hospital) attended the deceased from saw the deceased olive on 6.0ec. abave, (I) (wa) (did) (did not) view the body after death. and that in (my) tear) apinion deoth accurred an the date and hour and from the causes stated 22 RE DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN B m. O. ORTANT. 22e ADDRESS ILLAN'S NAME LITTE OF PRINT 9 0 Jartin 23b. DATE 23a BURIAL CREMATION, REMOVAL DHMH - 16 60M 7/B4

Francisco Semestras (IV) To a professional superior superior superior (3) at GALLE LAS AND LANGE CONTRACT C ETAMENTE LEATHER THE STREET REAL OF THE TOTAL STREET, STRE